April 2026 Board Meeting - Handouts

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAURA OKI, APRN,** **Certificate of Registration No. CS24180,** **Respondent.**	**Case No. 25-112-CS-A-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its General Counsel, Laura M. Tucker, and Respondent Laura Oki, APRN, ("Respondent"), by and through her counsel, Craig K. Perry, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent acknowledges that she understands the terms of this Stipulation and Proposed Order ("Stipulation"), and she has executed it knowingly and voluntarily.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 453, the Nevada Controlled Substances Act, and NRS Chapter 639, the Nevada Pharmacy Act.

5. Conditioned on the acceptance of this Stipulation by the Board and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this

Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent does not contest the allegations stated in Count One, Count Two, Count Three, and Count Four of the Accusation, and further admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged therein, *to wit*:

A. From the dates April 23, 2023 until February 18, 2024, December 18, 2024 until May 31, 2025, and June 1, 2025 through present, Respondent was employed as the medical director of Skin Lab, LLC, (Skin Lab), located at 5362 Sparks Blvd., in Sparks, Nevada.

B. As medical director, Respondent permitted all employees of Skin Lab to have unrestricted access to the inventory of dangerous drugs at Skin Lab, thus failing to maintain the security of the dangerous drugs within her possession in violation of NAC 639.898. As such, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898 and is subject to discipline pursuant to NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

C. As medical director, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k) when she dispensed or allowed to be dispensed dangerous drugs without a dispensing practitioner license as required by NRS 454.215(3), NRS 639.23505, and NAC 639.742 and is subject to discipline pursuant to NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

D. As medical director, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondent held for sale adulterated drugs in violation of NRS 585.520(1) and commingled expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients in violation of NAC 639.050(2) and NAC 639.473.

E. Based upon the facts or circumstances surrounding her professional knowledge of dangerous drugs, Respondent knew or should have known that holding for sale an expired

prescription drug and commingling expired and unexpired drugs was not safe. As such, Respondent performed her duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner and is subject to discipline pursuant to NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

F. As medical director, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondent held for sale and administered dangerous drugs marked for "single-use" and administered them as "multi-use" drugs, contrary to the manufacturer's packaging.

G. Based upon the facts or circumstances surrounding her professional knowledge of dangerous drugs, Respondent knew or should have known that holding for sale and administering dangerous drugs marked for "single-use" and administering them as "multi-use" drugs in contradiction of the manufacturer's packaging was unsafe. As such, Respondent performed her duties as the holder of a registration issued by the Board in a negligent, unskillful, or incompetent manner and is subject to discipline pursuant to NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

7. Now, therefore, to resolve the allegations stated in Count One, Count Two, Count Three, and Count Four of the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent agrees to pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within six (6) months of the effective date of this Order.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this case. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit

payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within six (6) months of the effective date of this Order.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 25-112-CS-N. Any failure by Respondent to comply with the terms of this Stipulation may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing him to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in the finding of noncompliance by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639 and/or NRS Chapter 453.

9. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 15, 2026, in Reno, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

10. The Board may accept this Stipulation, but it has no obligation to accept this Stipulation. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all of this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hold a contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the date of entry set forth below.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 2 day of 4 2026.

Laura Oki
ID B1XY5iJ9xN9AocjmLsnLE5wJ

LAURA OKI, APRN
Certificate of Registration No. CS24180

Signed this ____ day of _____ 2026.

NEVADA STATE BOARD OF PHARMACY

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

Craig K. Perry
ID sjYotsCdPuVyqty3nStE3mWh

CRAIG K. PERRY, ESQ.
Attorney for Respondent Laura Oki, APRN

DECISION AND ORDER

As to Respondent Laura Oki, APRN, in Case No. 25-112-CS-N-A, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this __ day of April 2026.

_____
Helen Park, President
Nevada State Board of Pharmacy

eSignature Details

Signer ID:	**B1XY5iJ9xN9AocjmLsnLE5wJ**
Signed by:	Laura Oki
Sent to email:	okilaura41@gmail.com
IP Address:	24.182.54.4
Signed at:	Apr 2 2026, 10:11 am PDT

Signer ID:	**sjYotsCdPuVyqty3nStE3mWh**
Signed by:	Craig Perry
Sent to email:	cperry@craigperry.com
IP Address:	129.222.101.216
Signed at:	Apr 2 2026, 1:15 pm PDT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **APRIA HEALTHCARE, LLC,** **License No. MP00030,** **Respondent.**	**Case No. 25-138-MP-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Laura M. Tucker, Esq., and Respondent Apria Healthcare, License No. MP00030, by and through counsel, the law firm of Holland & Hart LLP and J. Malcolm DeVoy, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about March 17, 2026, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about March 20, 2026, the Board's General Counsel and Respondent's Counsel telephonically confirmed the deadline of April 6, 2026 for Respondent to file its Objections, Answer, and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to Nevada Revised Statutes (NRS) Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act) (collectively, the Authorities).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing,

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reconsideration, appeal and any and all other rights related to this action that may be accorded by the Authorities.

6. In the interest of compromise, the parties agree that Counts Three and Four of the Accusation shall be dismissed with prejudice upon the Board's acceptance of this Stipulation and Order. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations related to Counts One, Two, and Five alleged within the Accusation, *to wit*:

A. Respondent is a licensed medical products provider that is authorized to sell and/or lease respiratory equipment, including sleep apnea-related treatment devices, to Nevada consumers.

B. On or about June 13, 2024, Patient J.S. was prescribed a CPAP machine by his physician. Patient J.S.'s physician's office sent the CPAP machine prescription to Respondent to be filled. Patient J.S.'s insurer only authorized payment for that CPAP in August 2024. Shortly thereafter, Respondent caused Patient J.S.'s CPAP machine to be provided to UPS for delivery to Patient J.S. in August of 2024.

C. From August 2024 until October 2024, Respondent billed Patient J.S.'s insurer, and/or collected reimbursements from Patient J.S.'s insurer for the use of a CPAP device prescribed by his physician, although the prescribed CPAP machine was not delivered until July 2025. Additionally, Respondent billed for CPAP supplies delivered to Patient J.S. in February 2025 and May 2025. During this time, Patient J.S. attempted to contact Respondent to obtain the CPAP machine prescribed to him and to resolve Respondent's billing for a CPAP machine he had not yet received from Respondent, despite the records and information available to Respondent showing it had been delivered.

D. Respondent's system erroneously reflected a delivery date of August 2024 based on information Respondent obtained from UPS. Respondent was not aware, and did not learn until July 2025, that Patient J.S. never received this CPAP machine from UPS. Upon conducting an investigation with UPS to determine that Patient J.S. had never received this CPAP machine, Respondent immediately delivered a CPAP machine to Patient J.S.

E. Prior to the date of this Stipulation and Order, Respondent also has refunded to Patient J.S., through the patient's insurer, all amounts billed and collected in connection from such CPAP machine from August 2024 through October 2025, totaling three-hundred sixty-three Dollars and 72/100 Cents ($363.72). Respondent has also carefully reviewed its policies and procedures applicable to the allegations within the Accusation and has scheduled further re-training for its employees regarding these policies and procedures, to be conducted no later than May 1, 2026.

F. As such, Respondent engaged in conduct that fell below the professional standards and billing requirements set forth in Nevada law and regulation, and is subject to discipline pursuant to NRS 639.210(4) and (12); NRS 639.255(3), NAC 639.945(1)(i), NRS 453.236(1)(d) and (e), and NRS 453.241(1).

G. Respondent is subject to professional discipline for having failed to include communications from Patient J.S. regarding the foregoing in its system for receiving, documenting, and resolving complaints from Patient J.S. in violation of NRS 639.210(4), NRS 639.255, and NAC 639.6946(6).

H. Respondent failed to timely respond to the Board's inquiries as required pursuant to NAC 639.695(5) and did not produce to the Board records that it was required to maintain for five years pursuant to NAC 639.695(2). As such, Respondent is subject to professional discipline for having failed to maintain and produce records pursuant to NRS 639.210(4), NRS 639.255, and NAC 639.695.

7. Those violations are pled with sufficient particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent accepts this Stipulation as public reprimand issued pursuant to NRS 639.255;

B. Respondent shall pay an aggregate fine of **Three Thousand Dollars ($3,000.00)** for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made

payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall pay **One Thousand Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 15, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this April 8, 2026 **day of _____, 2026**

Signed by:
Perry Bernocchi
0BB8056A34334FD...

PERRY BERNOCCHI
Executive Vice President,
Chief Operating Officer
Apria Healthcare, LLC
License No. MP00030

Signed this ___ day of _____, 2026

LAURA M. TUCKER
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this April 8, 2026 **day of _____, 2026**

DocuSigned by:
J. Malcolm DeVoy
589D773B4FC84A5...

J. MALCOLM DEVOY, ESQ.
Attorney for Respondent Apria Healthcare, LLC

DECISION AND ORDER

As to Apria Healthcare, in Case No. 25-138-MP-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of April 2026.

Helen Park, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FESTUS EBONKA, APRN,
Certificate of Registration No. CS23430,

Respondent.

Case No. 25-215-CS-S

MEMORANDUM OF ATTORNEY'S FEES AND COSTS

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigative Time				
Date(s)	Description	Hours	Rate	Amount
N/A		-	$53.00/hr	-
Subtotal (Investigation): $-				
Attorney Time - Brett Kandt				
Date(s)	Description	Hours	Rate	Amount
9/18/25	Confer with staff and review investigative case file in case 25-215-CS-S; research and draft Notice of Intended Action and Accusation.	2.50	$104.00/hr	$260.00
10/9/25	Confer w/ counsel and issue Notice of Suspension	1.00	$104.00/hr	$104.00
2/5/26	Prepare for hearing; memo attorney's fees and costs.	0.75	$104.00/hr	$78.00

exhibit 1

3/4/26	Hearing in case 25-215-CS-S; finalize order.	1.00	$104.00/hr	$104.00
Subtotal (Attorney Time): $546.00				
Administrative Costs				
Date(s)	Description	Hours	Rate	Amount
7/28/25	Jessette Phaynarikone finalized, filed and served Accusation via certified/regular mail.	0.50	$25.00/hr	$12.50
9/15/25	Jessette Phaynarikone served Notice of Hearing for October 15, 2025.	0.25	$25.00/hr	$6.25
10/9/25	Darlene Nases served Notice of Suspension.	0.25	$25.00/hr	$6.25
1/28/26	Jessette Phaynarikone served Notice of Hearing for March 4, 2026.	0.25	$25.00/hr	$6.25
Subtotal (Administrative Costs): $31.25				
Additional Recoverable Costs: Postage/Mailing Costs:$93.12				
Total Attorney's Fees and Recoverable Costs: $670.37				

I, Brett Kandt, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of reasonable attorney's fees and recoverable costs incurred by the Board in the above-entitled action.

DATED this 4th day of March 2026.

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

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Comprehensive Score Report

High School Equivalency Test

Name: **Gezel Gonzalez**
HiSET ID: 5YD52FHF
Report Date: 14 April 2026

Did you pass the HiSET exam? **

Yes

**Please check with your state for their passing requirements to receive a diploma or certificate, as they may differ from the national HiSET passing indicator on the score report.

Your HiSET Summary

Subtests	Your Highest Scaled Score	Test Date	Test Status	
Math	11	08 April 2026	Passed	
Reading	8	14 April 2026	Passed	
Science	12	12 June 2018	Passed	
Social Studies	9	13 June 2018	Passed	
Writing	10	30 March 2026	Passed	Your scaled score includes an Essay score of 2
Total Scaled Score	**50**			

426884

26-092-PTT-N
exhibit 1

April 14, 2026

To the Nevada State Board of Pharmacy,

I am writing in support of Gezel Gonzalez regarding her appearance before the Board. I currently serve as her supervisor and have had the opportunity to observe her work ethic, character, and contributions to our pharmacy team firsthand.

Gezel has consistently demonstrated excellent work ethic, a positive attitude, and a strong willingness to help wherever needed. She is highly adaptable, dependable, and well-liked by the entire pharmacy team. She approaches her responsibilities with professionalism and has shown herself to be the kind of employee who genuinely wants to do the right thing and contribute in a meaningful way.

What stands out most to me is her character and commitment. After suffering an injury halfway through the year, Gezel still volunteered to return to work on light duty so that she could continue supporting the team. That level of dedication speaks volumes about her sense of responsibility and her desire to serve others.

It is my understanding that the issue before the Board stems from inaccurate guidance she received from prior leadership regarding her Pharmacy Technician in Training application. Based on my experience working with Gezel, I do not believe she is someone who intentionally sought to deceive or falsify records for personal gain. Since that time, she has taken steps to correct the issue and has now obtained her GED. This demonstrates accountability, growth, and a sincere effort to move forward appropriately.

Gezel is a valuable member of our pharmacy team, and I believe revocation of her license would be an unnecessarily severe outcome for someone who has shown such strong character, work ethic, and commitment to improvement. I respectfully ask the Board to take her circumstances, her intent, and her demonstrated value as an employee into consideration. Thank you for your time and consideration.

Sincerely,

Jared Milbert, PharmD, MHA
Renown Pharmacist Supervisor

Jared Milbert

To Whom It May Concern,

I have had the privilege of knowing and working with Gezel Gonzalez, and witnessing firsthand her strong work ethic, dedication, and positive outlook.

Gezel has a genuine passion for working in pharmacy and has always viewed her role in this field as a true blessing. That sense of purpose shows in everything she does—she approaches her work with care, responsibility, and a deep commitment to helping others.

As a single mother of five children, Gezel exemplifies resilience and determination. Despite the many demands on her time, she consistently shows up ready to work hard and give her best. Her ability to balance her responsibilities while maintaining such a positive attitude is truly admirable.

Gezel is dependable, motivated, and brings a great energy to any team she is part of. She handles challenges with grace and maintains a strong, can-do mindset that makes her a valuable asset in any workplace.

I wholeheartedly hope that Gezel will be able to return to her work family here at Renown pharmacy

Sincerely,
Anna Martinez –

Pharmacy Regulatory Analyst
[redacted]

To Whom It May Concern,

I am writing to offer my strong recommendation for Gezel Gonzalez in support of their testimony to the Board of Pharmacy. I have had the pleasure of working alongside Gezel for 2 years in my capacity as a pharmacy technician, and I can say with confidence that she is dedicated to the field of pharmacy, shows integrity, compassion, and most of all professionalism.

In our time working together, Gezel has shown a deep understanding of pharmaceutical principles, patient care, and regulatory standards. She shows great attention to detail and commitment to accuracy, which is essential in ensuring patient safety and effective medication management. She approaches each patient's interaction with empathy and respect. Her ability to communicate complex information clearly and effectively has made her a trusted resource among both patients and colleagues.

Additionally, Gezel has a strong commitment to continuous learning and professional development. She is a great teacher for new additions to the team. She remains up to date with evolving pharmacy practices, guidelines, and laws, reflecting her dedication to maintaining the highest standards in her profession.

I am confident that Gezel will uphold the responsibilities and expectations set forth by the Board of Pharmacy and will be a very valuable contributor to the profession.

Please feel free to contact me if you need any additional information.

Sincerely,
Korina Dummar
Certified Pharmacy Technician
Renown
[redacted]

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEZEL ASHLEY GONZALEZ. PTT, Certificate of Registration No. PT28532,** **Respondent.**	**CASE NO. 26-092-PTT-N** **MEMORANDUM OF ATTORNEY'S FEES AND COSTS**

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigative Time				
Date(s)	Description	Hours	Rate	Amount
N/A	Investigator Segedy – SEE ATTACHMENT	5.00	$53.00/hr	$265.00
Subtotal (Investigation): $265.00				
Attorney Time - Brett Kandt				
Date(s)	Description	Hours	Rate	Amount
3/25/26	Confer with staff and review investigative case file in case 26-092-PTT-N; draft Notice of Intended Action and Accusation and issue Cease-and-Desist Order.	1.50	$104.00/hr	$156.00
3/26/26	Confer w/ staff on service and hearing.	0.25	$104.00/hr	$26.00

exhibit 2

3/4/26	Hearing in case 26-092-PTT-N; finalize order.	1.00	$104.00/hr	$104.00
Subtotal (Attorney Time): $286.00				
Administrative Costs				
Date(s)	Description	Hours	Rate	Amount
3/25/26	Darlene Nases finalized and filed Cease-and-Desist Order and Accusation.	0.50	$25.00/hr	$12.50
4/1/26	Jessette Phaynarikone served Notice of Hearing for April 15, 2026.	0.50	$25.00/hr	$12.50
Subtotal (Administrative Costs): $25.00				
Additional Recoverable Costs: Postage/Mailing Costs: $10.34				
Total Attorney's Fees and Recoverable Costs: $586.34				

I, Brett Kandt, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of reasonable attorney's fees and recoverable costs incurred by the Board in the above-entitled action.

DATED this 14th day of April 2026.

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Investigation hours

Case No. 26-092 PTT-N **PTT Gezel Gonzalez**
Investigator Monica S. Segedy

Date	Duties	Hours
3/5/2026	Reviewed Initial Case Opening Information	0.5
3/19/2026	Reviewed NVBOP Licensing and Application Information	1
3/19/2026	Interviewo of James Milner and Gezel Gonzalez	1
3/26/2026	Personally Served Gonzalez at Renown	1
3/26/2026	Prepared Final Report	1
4/1/2026	Obtained signed statement from Gonzalez	0.5

Total hrs	**5.00**
Wage per Hour	**$53.00**
Total Investigative Cost	**$265.00**

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LYFE PHARMACY,
Pharmacy License No. PH04561, and

NAZAKAT NIGMATOVA, RPH,
Certificate of Registration No. 20601,

Respondents.

Case Nos. 25-360-PH-S
25-360-RPH-S

STIPULATION AND ORDER
(All Respondents)

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

TERA PHARMACY,
Pharmacy License No. PH04648,

NAZAKAT NIGMATOVA, RPH,
Certificate of Registration No. 20601, and

GRACE SINGSON, RPH,
Certificate of Registration No. 24727,

Respondents.

Case Nos. 25-370-PH-S
25-370-RPH-A-S
25-370-RPH-B-S

STIPULATION AND ORDER
(Respondents Tera Pharmacy, and Nigmatova Only)

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Laura M. Tucker, Esq., and Respondent Nazakat Nigmatova, RPh (Nigmatova), Certificate of Registration No. 20601, Respondent Lyfe Pharmacy, Inc. (Lyfe), License No. PH04561, and Respondent Tera Pharmacy (Tera), License No. PH04648, by and through counsel, George Omar Koury, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board and Respondents Nigmatova, Lyfe, and Tera (collectively the "Parties") have entered into this Stipulation and Order (Stipulation) for the purpose of settling the allegations against Respondent Nigmatova, Respondent Lyfe, and Respondent Tera as stated in the above-captioned matters, to wit: *Nevada State Board of Pharmacy v. Lyfe Pharmacy, et al.*, Case Nos. 25-360-PH-S

and 25-360-RPH-S, and *Nevada State Board of Pharmacy v. Tera Pharmacy, et al.*, Case Nos. 25-370-PH-S and 25-370-RPH-A-S. Grace Singson is not a party to this Stipulation

2. On or about February 9, 2026, the Board's staff properly served each of the Respondents with the Notice of Intended Action and Accusation (Accusation) on file in the applicable cases referenced above, together with the corresponding Statement to Respondent and Notice of Hearing.

3. On or about February 19, 2026, the Board's General Counsel and Respondents' Counsel agreed to an extension of the deadline for Respondents to file an Answer and Notice of Defense to the Accusation. Pending negotiations, that deadline has been stayed.

4. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusations, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents contest the allegations in the Accusations on file in the cases referenced above, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged against them in the cases referenced above.

8. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. As to Nigmatova, the relevant violations are stated in the Accusations on file in Case Nos. 25-360-RPH-S and 25-370-RPH-A-S. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondents agree to the imposition of the following penalties. Respondent Nigmatova's certificate of registration no. 20601 shall be **SUSPENDED;** however, the suspension is **STAYED**, and Respondent Nigmatova shall be placed on probation pursuant to NRS 639.255(1)(b) for a period of two (2) years from the effective date of this Order subject to the following conditions:

A. Respondent Nigmatova shall pay an aggregate fine of **Five Thousand Dollars ($5,000.00)** for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within six (6) months of the effective date of this Order;

B. Respondent Nigmatova shall pay an aggregate amount of **Two Thousand Dollars ($2,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within six (6) months of the effective date of this Order;

C. As a condition of probation, Respondent Nigmatova shall not engage in any conduct for which disciplinary action may be imposed pursuant to the provisions of NRS 639.210 and/or associated regulations.

Upon successful completion of the terms and conditions of probation as forth herein, Respondent Nigmatova's certificate of registration shall be automatically reinstated without conditions or restrictions.

10. In addition to the probationary terms listed above, Respondent Nigmatova may not own a pharmacy in Nevada for a period of three (3) years from the effective date of this Order. Respondent

Nigmatova shall seek Board approval for any ownership of a pharmacy after the prohibition of ownership has ended.

11. As to Respondents Lyfe and Tera, the relevant allegations are as stated in the Accusation on file in Nos. 25-360-PH-S and 25-370-PH-S. To resolve these cases without incurring any further costs or the expenses associated with a hearing, the Board and Respondents Lyfe and Tera agree that Respondent Lyfe's License No. PH04561 and Respondent Tera's License No. PH04648 shall remain inactive.

12. Any failure by Respondents to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondents to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondents, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 15, 2026. Respondent Nigmatova will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent Nigmatova or counsel are not present at the meeting.

14. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

15. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release each other from any and all additional claims arising from the facts set forth in the Accusations on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in both matters, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10th **day of** April **, 2026**

NAZAKAT NIGMATOVA, RPH
On behalf of Self, Tera Pharmacy and Lyfe Pharmacy
Certificate of Registration No. 20601
Pharmacy License No. PH04561 (Lyfe)
Pharmacy License No. PH04648 (Tera)

Signed this ___ day of _____, 2026

LAURA M. TUCKER
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 10th **day of** April **, 2026**

GEORGE OMAR KOURY, ESQ.
Attorney for Respondents

DECISION AND ORDER

As to Nazakat Nigmatova, Lyfe Pharmacy, and Tera Pharmacy, in Case Nos. 25-360-PH-S, 25-360-RPH-S, 25-370-PH-S, and 25-370-RPH-A-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of April 2026.

_____
Helen Park, President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ■ Nevada ☐ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Interlang, LLC, a California limited liability company doing business as Montgomery DME

MDEG Physical Address: 2915 Losee Road, # 108

City: North Las Vegas State: Nevada Zip: 89030

Mailing Address (if different from physical address): 14109 Pontlavoy Avenue

City: Santa Fe Springs State: California Zip: 90670

Telephone: 562-777-7088 Website: www.montgomerydme.com

Email: admin@montdme.com

Name of MDEG Administrator (NAC 639.694): Cesar Maceira

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	■ Medical Gases**
☐ Pharmacies[a]	■ Respiratory Equipment**
☐ Practitioners[a]	■ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
■ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
Hospice	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Montgomery DME 24/7 On-Call Line
	Telephone: 562-777-7088

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9 am to 4 pm	■ Tue: 9 am to 4 pm	■ Wed: 9 am to 4 pm	■ Thurs: 9 am to 4 pm	■ Fri: 9 am to 4 pm
■ Sat: 9 am to 3 pm	■ Sun: 9 am to 3 pm	■ Holidays: 9 am to 3 pm		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
None.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: None. Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): Parent Company

Corporation/Organization Name: MDME Holding Corp., a Delaware corporation

Mailing Address: 14109 Pontlavoy Avenue

City: Santa Fe Springs State: California Zip: 90670

Telephone: 562-777-7088 Email: admin@montdme.com

Contact Person Name: Thomas Fisher

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Fisher, President & CEO, Interlang, LLC, a California limited liability company d/b/a Montgomery DME

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4-1-26

Date

Board Use Only	Date Received: _____	Amount: _____

ADDENDUM TO MEDICAL PRODUCTS PROVIDER APPLICATION
by INTERLANG, LLC
a California limited liability company doing business as MONTGOMERY DME

Section 2

Question 3:

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?

Applicant Interlang, LLC, a California limited liability company doing business as Montgomery DME ("MDME," or the "Applicant"), its sole member and owner, Montgomery Holding Corporation, a Delaware corporation, and the sole shareholder of Montgomery Holding Corporation, have never been the subject of an administrative action or proceeding relating to the pharmaceutical industry by the Nevada State Board of Pharmacy ("Board") or any other governmental entity with authority over the pharmaceutical industry.

However, an affiliate of MDME, Advantage Home Medical Services, Inc., a Nevada corporation that also conducted business under the name Montgomery DME ("AHMS"), was the subject of a Cease and Desist issued by the Board on February 12, 2026. A copy of this Cease and Desist is attached as **Exhibit 1**. The facts and circumstances concerning the Cease and Desist are described below. Despite receiving this Cease and Desist, AHMS has never been named in any accusation and notice of intended action filed by the Board, or any other entity with regulatory authority and powers like this Board's.

Nonetheless, taking the broadest possible reading of Section 2, Question 3 of the medical products provider application ("Application") that this addendum supports, MDME wishes to disclose the following facts and circumstances to ensure its application is full and complete, disclosing all facts and circumstances that could implicate this question. This includes the activities of AHMS, which is an affiliate under common control with MDME. If MDME's application for a license is granted by the Board, MDME will take over AHMS's operations.

A. The AHMS Cease and Desist

On February 12, 2026, the Board issued AHMS the Cease and Desist. *See* **Exhibit 1**. As set forth in the Cease and Desist, AHMS underwent a change-in-control transaction in 2023 that was not reported to the Board; thereafter, in November of 2024, AHMS's license to operate as a medical products provider expired. ***Id***. at 1.

Immediately upon receipt of this Cease and Desist on February 12, 2026, MDME submitted its application to operate as a medical products provider in Nevada to the Board, requesting the issuance of a temporary license. Beginning on February 17, 2026, the Board's investigative and legal staff began conducting weekly meetings with AHMS to monitor its compliance with the Cease and Desist, and efforts to discharge patients by the Cease and Desist's March 14, 2026

compliance deadline.[1] During this time the Board's staff identified other issues with AHMS's operations that the investigative and legal team charged were noncompliant with Nevada law and regulation, and that AHMS would have to correct even during the discharge of its patients leading up to the Cease & Desist's compliance date.

B. The Board Extends AHMS's Cease and Desist Compliance Date

By AHMS's second meeting with the Board's staff on February 24, 2026, AHMS began involving its legal counsel in its weekly meetings. This resulted in AHMS formulating a plan for the rapid discharge of its patients, including notification to its hospice customers in a form approved by the Board's investigative staff, transmitted on March 4, 2026. A copy of this notification to AHMS's hospice customers, as approved by Board staff, is attached as **Exhibit 2** (with attorney-client communications redacted). AHMS began providing the Board with weekly reports tracking its daily census to show its decrease by from more than 1,100 patients to approximately 830. AHMS personnel also provided Board staff with updates and information regarding AHMS's communication with hospice customers, and the logistical challenges encountered in patient discharges due to the coordination required among AHMS, successor medical products providers, hospices, and hospice patients and their families.

During this time, AHMS's corrective measures began to produce results demonstrable to the Board. AHMS updated its systems for hiring and using the services of only Nevada-licensed and duly qualified respiratory therapists. During one of AHMS's scheduled weekly meetings with Board staff, AHMS provided confirmatory information regarding the licensing and qualifications of its most recent respiratory therapist hire. AHMS also began searching for a practice consultant to review and update its operations to ensure compliance with Nevada laws and regulations. Based on AHMS's efforts, the Board issued AHMS an Extension of Deadline to Comply with Cease and Desist on March 12, 2026 (the "Extension"), enlarging MDME's compliance date until April 17, 2026, attached as **Exhibit 3**.

C. Citation, Fine, and Payment

On March 19, 2026, the Board issued AHMS a Citation and Fine ("Citation"), attached as **Exhibit 4**. The Citation discussed in detail the Board's findings and contentions regarding the circumstances underlying the Cease and Desist, and other circumstances the Board's investigative and legal staff contended to constitute violations of Nevada's laws and regulations. As discussed elsewhere, many of the issues identified in the Citation were the subject of corrective actions already underway, ranging from this then-pending application for licensure by MDME, to engaging a compliance consultant, taking internal actions to validate the license status of AHMS's vendors, and conducting education and training of AHMS staff.

On March 31, 2026, AHMS satisfied the Citation's total fine amount of $62,800 via hand delivery of cheque for the full amount to the Board's counsel. In a cover letter accompanying this payment,

[1] The Board's February 12, 2026 Cease and Desist provided AHMS a deadline of thirty (30) days for AHMS to discharge its patients; as February 2026 contained twenty-eight (28) days, the Cease and Desist's compliance deadline was March 14, 2026.

attached as **Exhibit 5**, AHMS expressly waived its rights to any formal hearing or appeal of the matters set forth in the Citation in favor of paying its specified fine. AHMS's correspondence accompanying the fine payment emphasized its ongoing actions to respond to the Board's concerns as first identified in the Cease and Desist and fully identified in the Citation, so that all of them are corrected in the event of future operation as a duly licensed medical products provider.

D. MDME's Activities and Application

MDME filed its Application on February 12, 2026. Based on its experience working with the Board staff through the date of making this amendment and addendum to the Application, MDME wishes to ensure it has provided the Board with full and complete information regarding all activities since the Cease and Desist's issuance. As the personnel who will staff MDME upon receiving licensure will substantially be the same as those employed by AHMS, it is important that the Board understand that the education, corrective effort, and progress made by AHMS in complying with the Cease and Desist, and the Board's directions, will continue through with MDME if licensed.

To prepare for potential licensure by the Board, MDME has engaged GenuCare Healthcare Consultants LLC ("GenuCare"), which has a nationwide reach and experience advising Board-licensed medical products providers in their compliance with Nevada's laws and regulations. While MDME will adopt AHMS's root cause analyses and corrective actions done in response to the Citation's findings, and will benefit from AHMS's education and training of its personnel, MDME has positioned itself to rout out noncompliant activities and bad habits – replacing them with an eye toward how processes can be performed to not only achieve, but document MDME's compliance with this Board's standards. GenuCare's scope of work for MDME includes reviewing and updating its policies and procedures, implementing any changes to MDME's policies and procedures through a corrective action plan, and will provide ongoing remote and in-person oversight of MDME's Nevada operations for at least ninety (90) days upon the Board issuing a medical products provider license to MDME.

Signature: _____ Date: 4-1-26

Executed by Thomas Fisher,
President and CEO of Interlang, LLC
a California limited liability company doing business as Montgomery DME

Section 9

- **All officers and directors of the corporation**.
  Applicant's officers are:
  - Thomas Fisher, Chief Executive Officer and President
  - Michael Li, Chief Financial Officer

- **Company Certificates**
  - Applicant's Certificate of Status from the California Secretary of State is attached as **Exhibit 6.**
  - Applicant's Certificate of Registration as a Foreign Limited Liability Company from the Nevada Secretary of State is attached as **Exhibit 7.**
  - Applicant's Nevada State Business License from the Nevada Secretary of State is attached as **Exhibit 8.**

- MDME's location that is the subject of this application is within Nevada and no proof of licensing in any other state is required.

- **Proof of Insurance**: MDME's proof of insurance is attached as **Exhibit 9**.

- **Personal History Record Application**: MDME's sole member (read: owner) is MDME Holding Corp., a Delaware corporation ("MHC"), which is not publicly traded ("non-public"). No other person or entity legally or beneficially owns any of MDME's shares. MHC is wholly owned by a different non-public Delaware corporation, which in turn is wholly owned by a non-public Delaware limited partnership. This limited partnership is comprised of (i) a non-public Delaware corporation as its general partner, and (ii) numerous limited partners that represent various institutional and individual investors whose identities and terms of investment are confidential. As such, completion of one or more personal history applications for MHC and its various layers of ownership is impractical. MDME welcomes any questions the Board may have to resolve questions regarding its ownership structure. MDME is occasionally party to wage-and-hour lawsuits in the State of California that occur in the regular course of business, and additional information can be provided to the Board if desired. The only lawsuit that contained allegations pertaining to MDME's patient care, *Clubb v. Charter High Desert Health Care et al*., Case No. Civ. SB 2321437, filed in California Superior Court for the County of San Bernardino on August 29, 2023, was dismissed in February 2026 following the plaintiff's request for dismissal on January 23, 2026, without any finding of liability as to Applicant. Supporting documentation regarding this event is attached as **Exhibit 10**. Applicant will provide additional information to the Board regarding the Clubb case if desired.

- **MDEG Administrator Application**: The MDEG administrator application for Cesar J. Maceira is attached as **Exhibit 11**.

- MDME is not and does not seek to be a wholesaler, and thus a wholesaler application is neither required nor submitted with this application.

INDEX OF EXHIBITS
TO MEDICAL PRODUCTS PROVIDER APPLICATION
by INTERLANG, LLC
a California limited liability company doing business as MONTGOMERY DME

Exhibit No.	Document
1.	February 12, 2026 Cease and Desist issued by Nevada State Board of Pharmacy
2.	March 4, 2026 Notification to Hospice Customers of Discontinuation of Business
3.	March 12, 2026 Extension of Deadline to Comply with Cease-and-Desist
4.	March 19, 2026 Nevada State Board of Pharmacy Citation and Fine
5.	March 31, 2026 Fine Payment Cover Letter to Nevada State Board of Pharmacy
6.	California Secretary of State - Certificate of Status
7.	Nevada Secretary of State - Certificate of Registration as a Foreign LLC
8.	Nevada Secretary of State - Nevada State Business License
9.	Applicant's Certificate of Insurance
10.	Documents from *Clubb v. Charter High Desert Health Care et al.*
11.	MDEG Administrator Application for Cesar J. Maceira

EXHIBIT 1

STATE OF NEVADA
BOARD OF PHARMACY
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

February 12, 2026

Via Certified/Standard U.S. Mail and E-mail
Montgomery DME
Attn: Thomas Fisher and Ramiro Velazquez
2915 Losee Road #108
North Las Vegas, NV 89030

9489 0178 9820 3042 2842 80

Montgomery DME
Attn: Thomas Fisher and Ramiro Valazquez
14109 Pontlavoy Ave
Santa Fe Springs, CA 90670
Email: Tfisher@MontDME.com; Rvelazquez@MontDME.com

9489 0178 9820 3042 2842 97

Re: CEASE & DESIST: Case No. 26-040-S, Unlicensed Medical Products Provider

Dear Mr. Fisher and Mr. Velazquez:

The Nevada State Board of Pharmacy (Board) has determined Montgomery DME engaged in the business of furnishing prescription medical devices in Nevada without having secured a license, in violation of NRS 639.100(1).

Specifically, in 2023, Montogomery DME acquired Advantage Home Medical Services and failed to file a change of ownership with the Board, as required by NAC 639.6947(1). The license for Advantage Home Medical Services subsequently expired in November 2024. Through the present, Montgomery DME continued to operate in Nevada as a medical devices provider without a license.

Pursuant to NRS 639.233, any manufacturer or seller of prescription medical devices must secure a Nevada license if it receives, stores, or ships such products within or into Nevada. *See also* NAC 639.6942. Under Nevada law, the term "medical products" is defined to include "medical devices, equipment, supplies and gases intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease." *See* NAC 639.6935. The term "medical products provider" is defined at NAC 639.6936. Any person who sells prescription medical devices in Nevada, or who solicits or accepts orders for such products in Nevada, must be licensed as a

manufacturer, a wholesaler, a medical products provider, or a medical products wholesaler, as applicable. NRS 639.233(1) and (2); NAC 639.6942. As noted above, it is unlawful to sell or dispense, or to permit to be sold or dispensed, prescription medical devices without proper licensure. NRS 639.100(1)

By operating without a license, Montgomery DME engaged in the sale of medical products without complying with the regulations adopted by the Board in violation of NRS 639.100(1)(b). You are hereby ordered pursuant to NRS 639.2895(1) to immediately **CEASE and DESIST** engaging in unlicensed sale of medical devices into or within Nevada.

The Board grants you thirty (30) days to transfer existing Nevada patients to other licensed medical device providers. You may continue to provide services to existing patients until they are successfully transferred. You may not accept any new patients at this time. You must also provide weekly progress reports to Board Inspectors John Castaldo and William Kuykendall at Jcastaldo@pharmacy.nv.gov and wkuykendall@pharmacy.nv.gov.

Additionally, if you choose to seek a new license with the Board, we will allow Mongomery DME to domicile the equipment until it obtains a license from the Board.

Failure to follow this cease and desist order may result in further Board action, including, but not limited to, injunctive relief. If you have any questions concerning this order, you may contact the Board's General Counsel Laura Tucker at 702-486-6420, ext. 128, or *via* email at l.tucker@pharmacy.nv.gov.

Sincerely,

The Nevada State Board of Pharmacy

EXHIBIT 2

Jay DeVoy

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: Tom Fisher <TFisher@montdme.com>
Sent: Wednesday, March 4, 2026 2:56 PM
To: Tom Fisher <TFisher@montdme.com>
Subject: Important Notice from Montgomery DME

Dear Administrator,

Effective immediately, Advantage Home Medical Services Inc., d/b/a Montgomery DME ("Montgomery DME"), is not accepting new patients. Montgomery DME's existing patients within your facility will need to be transitioned to alternative providers as soon as practicable. The details for transition of each patient will be different due to their unique circumstances, needs, and availability of alternative care. We are available to assist you during this time and make this transition as seamless as possible.

If your policies and procedures have designated a backup durable medical equipment ("DME") supplier, that backup supplier should be contacted immediately for this purpose. If you have not identified alternative vendors, or those alternatives are not available, care for new and existing patients may be transitioned to any of the below-identified companies.

Reliant Medical Group, LLC 4020 West Ali Baba Lane, Unit D Las Vegas, Nevada 89118 Tel.: 702-433-0464 info@reliantmedicalsupply.com www.reliantmedicalsupply.com	AA Medical 4135 N. Rancho Drive, Suite 110 Las Vegas, Nevada 89130 Tel.:725-258-5217 https://adapthealth.com/	AA Medical 537 W. Sunset Road Henderson, Nevada 89011 Tel.:725-258-5217 https://adapthealth.com/
Sunrise Respiratory Care Inc. 6340 McLeod Road #8 Las Vegas, Nevada 89120 Tel.: 949-398-6555 customerservice@sunriseresp.com https://sunriseresp.com/	StateServ Medical of Nevada, LLC 6265 South Valley View Road, Suite F Las Vegas, Nevada 89118 Tel.: (480) 966-9730 www.stateserv.com	

For each of these companies, we have communicated with them in advance to confirm the following: (1) they offer the same gas and medical device products and services as Montgomery DME intended for the Hospice care setting; and (2) they are able to respond to the needs of both your new and existing hospice patients. Montgomery DME has no relationship with these suppliers and receives nothing for our recommendation, or your use of them in providing your patients' care. Instead, we have identified them based on their ability to serve your and your patients' DME needs during this time.

The transition of care for new and existing patients is mandatory, necessary, and required by the laws and regulations of the Nevada State Board of Pharmacy. We are in frequent contact with this Board, first and foremost regarding patient safety and the successful transition of patient care at this time. Currently, our business is not licensed to provide these services regulated by the Board of Pharmacy. We have taken corrective action to restore this licensing status as soon as possible, and anticipate action by the Board of Pharmacy as soon as April. We anticipate this transition of care, and interruption of our services, to be temporary; however, this is a necessary step in the meantime.

We look forward to being the DME supplier of choice for you and your patients in the future and appreciate your understanding during this time. We look forward to resuming our services to you and your patients as soon as possible, and will notify you when we are able to do so. In the meantime, we will continue to work daily with facilities such as yours, and with the Board of Pharmacy, to coordinate the safe transition of patients from our care to successor providers. Please contact me directly with any questions, including those regarding the transition of patient care so that we can assist you in coordinating care however possible.

Tom Fisher
President/CEO

[redacted]
Thomas Fisher
President / CEO
TFisher@MontDME.com
www.MontgomeryDME.com
14109 Pontlavoy Ave Santa Fe Springs CA 90670

EXHIBIT 3

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

March 12, 2026

Via E-mail
Montgomery DME
c/o J. Malcolm DeVoy
Email: JMDeVoy@hollandhart.com

Re: Case No. 26-040-A-S, Extension of Deadline to Comply with Cease-and-Desist

Dear Mr. DeVoy:

This letter is a follow-up to the February 12, 2026 Cease-and-Desist Order (February 2026 C&D Order) issued by the Nevada State Board of Pharmacy (Board) for Case No. 26-040 against Montgomery DME (Montgomery). Following ongoing conversations with Montgomery, the Board grants Montgomery's request for a continuance to comply with the February 2026 C&D. The Board grants Montgomery an extension until April 17, 2026, or until the Board approves Montgomery's license application, whichever is sooner, to comply with the terms of the order.

During this time, Montgomery shall continue to transfer existing Nevada patients to other licensed medical device providers and may continue to provide services to existing patients until they are successfully transferred. Montgomery may not accept any new patients at this time. Montgomery must also continue provide weekly progress reports to Board Inspectors John Castaldo and William Kuykendall at Jcastaldo@pharmacy.nv.gov and wkuykendall@pharmacy.nv.gov.

If you have any questions concerning this extension, you may contact the Board's General Counsel Laura Tucker at 702-486-6420, ext. 128, or *via* email at l.tucker@pharmacy.nv.gov.

Sincerely,

The Nevada State Board of Pharmacy

EXHIBIT 4

STATE OF NEVADA
BOARD OF PHARMACY
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

March 19, 2026

Via Certified/Regular U.S. Mail and E-mail

Montgomery DME
Attn: Thomas Fisher and Ramiro Velazquez
2915 Losee Road #108
North Las Vegas, NV 89030

Montgomery DME
Attn: Thomas Fisher and Ramiro Velazquez
14109 Pontlavoy
Santa Fe Springs, CA 90670

Email: Tfisher@MontDME.com; Rvelazquez@MontDME.com

CITATION & FINE: Case No. 26-040-A-S, Unlicensed Medical Products Provider; Failure to Employ Nevada-Licensed Respiratory Therapist; Permitting Unlicensed Sales of Medical Products; Delivering Respiratory Product without Proper Training

Dear Mr. Fisher and Mr. Velazquez:

The Nevada State Board of Pharmacy (Board) has determined Montgomery DME (Montgomery) engaged in the business of furnishing prescription medical devices in Nevada without having secured a license, in violation of NRS 639.100(1). Additionally, the Board has determined that Montgomery failed to employ a Nevada-licensed respiratory therapist, used unlicensed medical equipment providers to supply its business, and delivered product without proper training, in violation of Nevada law.

On February 12, 2026, after confirming that Montgomery was operating without a license since at least 2023, the Board sent a cease-and-desist-order to Montgomery ordering the company to transfer its existing patients to other Nevada-licensed medical device operators and discontinue accepting new patients. As of March 4, 2026, according to Montgomery's records, the company had 628 respiratory patients in Nevada.

Under Nevada law, the term "medical products" is defined to include "medical devices, equipment, supplies and gases intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease." *See* NAC 639.6935. Any person who sells prescription medical devices in Nevada, or who solicits or accepts orders for such products in Nevada, must be licensed as a manufacturer, a wholesaler, a medical products provider, or a medical products wholesaler, as applicable. NRS 639.233(1) and (2); NAC 639.6942. By operating without a license issued by the Board, Montgomery acted in violation of NRS 639.100(1), which requires that all manufacturers,

wholesale distributors, or sellers, among others, hold the appropriate certificate, license, or permit and comply with provisions adopted by the Board.

Additionally, the Board found that Montgomery purchased medical equipment from at least five companies who did not hold a license issued by the Board authorizing them to sell products in Nevada. By purchasing medical equipment from unlicensed sellers, Montgomery permitted unlicensed practice in Nevada in violation of NAC 639.6944, NAC 639.6941(1)(a), and NRS 639.100(1).

Furthermore, on January 27, 2026, Montgomery delivered a BiPAP machine and installed it for patient M.N. at Omnia Care, LLC, located at 4425 S Pecos Road, Suite 2, in Las Vegas. The BiPAP machine was installed by a Montgomery delivery driver who was not properly trained on installation of the device and was overseen, via a phone call, by a respiratory therapist who was not licensed in Nevada. The BiPAP Montgomery's delivery driver installed with phone assistance from the respiratory therapist was not set up properly. Patient M.N. died later that day. This conduct constitutes a violation of NAC 639.6941(1)(e), NAC 639.6946(1)(c), NAC 639.6954, NAC 639.6955, NAC 639.6941(1)(a), and NRS 639.100(1).

Accordingly, this letter shall serve as a **CITATION** pursuant to NRS 639.2895(2) for Montgomery's violations of Nevada law. The Board has assessed an administrative fine pursuant to NRS 639.2895(3) of One Hundred and 00/100 Dollars ($100.00) with respect to each of Montgomery's known respiratory patients (628) reported to the Board as of March 4, 2026. The aggregate fine is **Sixty-Two Thousand Eight Hundred Dollars** ($62,800.00), payable in accordance with the paragraphs below.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this citation. NRS 639.2895(2). Unless you submit a timely appeal, the above fine must be paid within the same time frame. Payment must be tendered in the form of a certified check, cashier's check or money order made payable to "State of Nevada, Office of the Treasurer." Please remit payment to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

If you fail to timely pay the above fine or appeal this citation, as applicable, the Board may take further action, including referral to the Nevada Controller's Office for collection. See NRS 353C.195; 45 CFR §§ 60.3, 60.5. Pursuant to the Nevada Public Records Act, this letter constitutes a public record that must be released to anyone who makes a proper request for it. If you have any questions concerning this citation or your right to appeal the above finding, you may contact the Board's General Counsel Laura Tucker at 775-850-1440, ext. 128, or *via* email at l.tucker@pharmacy.nv.gov.

Sincerely,
The Nevada State Board of Pharmacy

CC: J. Malcom DeVoy, jmdevoy@hollandhart.com; Matthew Morris, mcmorris@hollandhart.com; Curt Anderson, Curt.Anderson@klgates.com; Mark Ogunsusi, Mark.Ogunsusi@klgates.com

EXHIBIT 5

Holland & Hart

J. Malcolm DeVoy
Partner
Phone 702.669.4636
JMDeVoy@hollandhart.com

March 31, 2026

VIA HAND DELIVERY
Nevada State Board of Pharmacy
c/o Laura Tucker, Esq., General Counsel
1140 N. Town Center Drive, Suite 300
Las Vegas, Nevada 89134

Re: Case No. 26-040-A-S; Payment of Fine

Dear Ms. Tucker,

Enclosed, please find cheque number [redacted] by Interlang ("Montgomery DME"), made in the amount of Sixty-Two Thousand Eight Hundred Dollars and 00/100 Cents ($62,800) and payable to the State of Nevada Officer of Treasurer. This fine is timely paid in full and in response to the Nevada State Board of Pharmacy's ("Board['s]") March 19, 2026, letter (the "Letter"). For the avoidance of doubt, Montgomery DME knowingly and freely waives its rights to request any hearing or appeal arising from the fine or the Board's citation set forth in the Letter.

Acknowledging that it has waived such rights, Montgomery DME deems it necessary to note only it does not admit to or concede the Letter's apparent implication that the conduct described in connection with "patient M.N." contributed to, or was the cause of, this hospice patient's death. Further investigation beyond that set forth in the Letter is necessary to establish, factually or legally, such a causal relationship. Nonetheless, in the wake of this episode and the other items identified in the Letter, Montgomery DME has revisited and updated its policies and procedures for employing Nevada-licensed respiratory therapists, confirming its suppliers' licensing, and conducting further education and training for its employees. Montgomery DME has also retained GenuCare Healthcare Consultants, LLC, which has substantial experience assisting medical products businesses licensed by the Board in complying with Nevada's laws and regulations, to review and enhance Montgomery DME's operations and care delivery.

Montgomery DME hopes the Board takes the foregoing into account in connection with its pending application for licensure as a medical products provider during the April 15 and 16, 2026 meeting. Do not hesitate to contact me if you have any questions regarding this matter.

Best regards,

J. Malcolm DeVoy
Partner
for Holland & Hart LLP

Encl. Cheque No. [redacted]

EXHIBIT 6

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	INTERLANG, LLC
Entity No.:	201834510111
Registration Date:	11/07/2016
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 10, 2026.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 420649529

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

EXHIBIT 7

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED-LIABILITY COMPANY

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Interlang LLC** did on 02/10/2026 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/10/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202602106479351
You may verify this certificate online at https://www.nvsilverflume.gov/home

EXHIBIT 8

SECRETARY OF STATE

NEVADA STATE BUSINESS LICENSE

Interlang LLC

Nevada Business Identification # NV20263525763
Expiration Date: 02/28/2027

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/10/2026.

Certificate Number: B202602106479352
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

EXHIBIT 9

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Insurance Center, Inc. 301 Grant Street, Suite 470 Pittsburgh, PA 15219	**CONTACT NAME:** Kate Findlay **PHONE (A/C, No, Ext):** 412-274-1709 **FAX (A/C, No):** 412-927-1272 **E-MAIL ADDRESS:** Kate.Findlay@epicbrokers.com
INSURED Interlang, LLC; Montgomery DME; 2915 Losee Rd #108 North Las Vegas, NV 89030	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** INSURER A: Federal Insurance Company — 20281 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 88130859 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☑ LOC ☐ OTHER:			3608-9747	12/15/2025	12/15/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ $
A	AUTOMOBILE LIABILITY ✓ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ✓ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ✓ Hired Auto $2,000 Deds.			7364-7075 PP/Light Trucks: Coll. Deductible - $2,000 Comp. Deductible - $2,000	12/15/2025	12/15/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	☐ UMBRELLA LIAB ☑ OCCUR ✓ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ✓ RETENTION $ 0			5672-5767	12/15/2025	12/15/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		7164-2519	12/15/2025	12/15/2026	✓ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

Evidence of coverage

CERTIFICATE HOLDER

For Information Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Sean Andreas

EXHIBIT 10

COPY

SUM-100

SUMMONS
(CITACION JUDICIAL)

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)
FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO
SAN BERNARDINO DISTRICT
SEP 08 2023
BY: Deputy

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):
CHARTER HIGH DESERT HEALTH CARE GROUP LLC; INTERLANG, LLC dba MONTGOMERY DME; and DOES 1 through 60, inclusive

YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTÁ DEMANDANDO EL DEMANDANTE):
WILLIAM CALVIN CLUBB, by and through his Successor-In-Interest, Linda Clubb; LINDA CLUBB, individually; JULIE MATTICE, individually; and MATTHEW OWENBY, individually

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (*www.courtinfo.ca.gov/selfhelp*), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (*www.lawhelpcalifornia.org*), the California Courts Online Self-Help Center (*www.courtinfo.ca.gov/selfhelp*), or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of $10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case.
¡AVISO! Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. AVISO: Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de $10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is:
(El nombre y dirección de la corte es): San Bernardino District - Civil Division
247 West Third Street, San Bernardino, CA 92415-0210

CASE NUMBER:
(Número del Caso): CIV SB 2321437

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):
Art Gharibian, Esq., Gharibian Law, APC, 101 North Brand Blvd., Suite 1970, Glendale, CA 91203, (818) 272-8535

DATE: *(Fecha)* SEP 08 2023
Clerk, by *(Secretario)* Cristal Martinez, Deputy *(Adjunto)*

(For proof of service of this summons, use Proof of Service of Summons *(form POS-010).)*
(Para prueba de entrega de esta citatión use el formulario Proof of Service of Summons, *(POS-010)).*

[SEAL]
COPY

NOTICE TO THE PERSON SERVED: You are served
1. ☐ as an individual defendant.
2. ☐ as the person sued under the fictitious name of *(specify):*
3. ☒ on behalf of *(specify):* Interlang, LLC
under: ☐ CCP 416.10 (corporation) ☐ CCP 416.60 (minor)
☐ CCP 416.20 (defunct corporation) ☐ CCP 416.70 (conservatee)
☐ CCP 416.40 (association or partnership) ☐ CCP 416.90 (authorized person)
☒ other *(specify):* LLC
4. ☐ by personal delivery on *(date):* 9/22/23

Page 1 of 1

Form Adopted for Mandatory Use
Judicial Council of California
SUM-100 [Rev. July 1, 2009]

SUMMONS

Code of Civil Procedure §§ 412.20, 465
www.courts.ca.gov

COPY

Art Gharibian, Esq. (SBN 276228)
Amber M. Tham, Esq. (SBN 266207)
Destiny M. Verdugo, Esq. (SBN 329696)
GHARIBIAN LAW, APC
101 N. Brand Blvd. Suite 1970
Glendale, California 91203
eservice@gharibianlaw.com
Telephone: (818) 272-8535
Facsimile: (818) 272-8536

Attorneys for Plaintiffs

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO
SAN BERNARDINO DISTRICT

AUG 29 2025

BY: Cristal Martinez Deputy

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

WILLIAM CALVIN CLUBB, by and through his Successor-In-Interest, Linda Clubb; LINDA CLUBB, individually; JULIE MATTICE, individually; and MATTHEW OWENBY, individually,

Plaintiffs,

vs.

CHARTER HIGH DESERT HEALTH CARE GROUP LLC; INTERLANG, LLC dba MONTGOMERY DME; and DOES 1 through 60, inclusive,

Defendants.

WILLIAM CALVIN CLUBB III, individually,

Nominal Defendant.

Case CIV SB 2321437

COMPLAINT FOR DAMAGES

1. **ELDER ABUSE/NEGLECT** (*Welfare & Institutions Code* § 15600, et. seq.)
2. **NEGLIGENCE/WILLFUL MISCONDUCT**
3. **NEGLIGENCE**
4. **WRONGFUL DEATH**

DEMAND FOR JURY TRIAL

COME NOW Plaintiffs who allege upon information and belief as follows:

THE PARTIES

1. Plaintiff, WILLIAM CLUBB (herein referred to as "CLUBB") is an individual who at all relevant times herein alleged was a resident of the State of California, County of San

Bernardino. CLUBB was at all relevant times an "elder" as defined in *Welfare and Institutions Code* §15610.27. CLUBB died on December 20, 2022. He brings this survival action by and through his wife and Successor-in-Interest, Linda Clubb, pursuant to *Code of Civil Procedure* § 377.32.

2. Plaintiffs, LINDA CLUBB, JULIE MATTICE, and MATTHEW OWENBY are individuals who were at all relevant times residents of the State of California. They bring the cause of action for Wrongful Death in their individual capacities as CLUBB's surviving heirs. (WILLIAM CLUBB, LINDA CLUBB, JULIE MATTICE, and MATTHEW OWENBY are collectively referred to herein as "Plaintiffs".)

3. WILLIAM CALVIN CLUBB III is also Mr. CLUBB'S heir. No wrongful conduct is being alleged against this individual. He is named as a nominal party to give notice of his existence as a potential heir.

4. Defendants CHARTER HIGH DESERT HEALTH CARE GROUP LLC and DOES 1 through 15 ("AGENCY") were at all relevant times, the owners, licensees, operators, and/or managers of a hospice agency doing business as "Charter High Desert Health Care Group LLC" located at 19015 Town Center Drive, Apple Valley, CA 92308.

5. Defendants, DOES 16 through 30 (herein referred to as the "MANAGEMENT DEFENDANTS") was at all relevant times the operator, management, and/or consulting company of the AGENCY and actively participated and controlled the business of the AGENCY and thus provided hospice care as a hospice agency in the State of California. (Defendants, CHARTER HIGH DESERT HEALTH CARE GROUP LLC and DOES 16 through 30 are alternatively collectively referred herein as "HOSPICE DEFENDANTS").

6. Defendants, INTERLANG, LLC dba MONTGOMERY DME and DOES 31 through 45 (hereinafter collectively, "MONTGOMERY DME") were at all relevant times the owners, licensees, operators, and/or managers of the durable medical equipment ("DME") company who withheld necessary care and services to CLUBB as alleged more fully herein.

7. Plaintiffs are informed and believe, and upon that information and belief allege, that DOES 46 through 60, inclusive, were those persons or entities whose conduct caused the injuries and damages alleged herein.

8. Plaintiffs are ignorant of the true names and capacities of those defendants sued herein as DOES 1 through 60, and for that reason have sued those defendants by such fictitious names pursuant to California *Code of Civil Procedure* §474. Plaintiffs will amend this Complaint to identify said Defendants when their identities are ascertained. (Hereinafter, Defendants CHARTER HIGH DESERT HEALTH CARE GROUP LLC; INTERLANG, LLC dba MONTGOMERY DME; and DOES 1 through 60 are collectively referenced as "DEFENDANTS").

FACTS COMMON TO ALL ALLEGATIONS

9. Born on September 23, 1950, WILLIAM CLUBB was over the age of 65 at all relevant times and thus represents an "elder" as defined in *Welfare and Institutions Code* §15610.27.

10. On December 16, 2022, CLUBB was hospitalized for high blood sugar at St. Mary's Medical Center. Three days later, he was discharged home with diagnoses including Alzheimer's (a progressive disease that destroys memory and other important mental functions). On the date of his discharge, the hospital prescribed CLUBB to be on 2 units of oxygen.

11. CLUBB started receiving hospice care through the AGENCY on the date of discharge from the hospital. To ensure CLUBB received necessary care and services at home, the AGENCY contracted with Defendants, INTERLANG, LLC dba MONTGOMERY DME and DOES 31 through 45 ("collectively, "MONTGOMERY DME"). The contract between the AGENCY and MONTGOMERY DME indicated MONTGOMERY DME would deliver life support durable medical equipment ("DME") products and services such as oxygen within 2 hours of notification by the AGENCY. Specifically, the contract provided in relevant part as follows:

> 2.2. DME Products and Services.
>
> 2.2.1. Provision. [Name of DME company] shall provide and deliver DME Products and Services as requested and required by Hospice's designated personnel, and in accordance with the Patient's plan of care. This may include sufficient qualified personnel, product and equipment delivery, equipment setup, respiratory consultations, and use instructions for Hospice and the Patient's family/caregivers.
>
> 2.2.2. Deliveries. Subject to reasonable restrictions, [Name of DME company] strives to make orders for new admissions and hospital discharges the same day of notification by Hospice pursuant to Section 4.2, with the exception of life support DME Products and

> Services (i.e., Oxygen), which [Name of DME company] strives to deliver within 2 hours of notification by Hospice pursuant to Section 4.2 . . .

12. Because CLUBB was sent home with no oxygen, CLUBB was losing oxygen and had turned purple by the time an AGENCY hospice nurse (hereinafter referred to as "LVN 4") went to check up on him. At that time, CLUBB was hypoxic on room air (RA) with oxygen saturation (amount of oxygen available in the blood) at 59% (59 percent-is considered very low and leads to rapid breathing, cyanotic appearance of nail beds, lips, or dusky skin and shortness of breath). LVN 4 left and abandoned CLUBB's care after placing an oxygen reader on his finger. According to her "PRN Visit" note, LVN 4 obtained a "new order for supplemental oxygen at 2 [two] lpm [liters per minute-a unit of measurement]/prn [as needed]. oxygen concentrator to be delivered."

13. CLUBB's physician's order for an oxygen concentrator, dated December 19, 2022, indicated MONTGOMERY DME received the order at 4:50 p.m. on December 19, 2022.

14. By 8:30 p.m. on December 19, 2022, the oxygen concentrator had yet to be delivered at CLUBB's home. An AGENCY "Triage Care Coordination Note" indicated that CLUBB's wife, LINDA CLUBB, was requesting oxygen be delivered that evening. The note also indicated LINDA CLUBB reporting that CLUBB was having shortness of breath and that the medications had not yet arrived from the pharmacy. Instead of immediately and appropriately responding to CLUBB's life-threatening condition, the AGENCY simply advised to keep CLUBB's head elevated and use a fan to circulate air and that they had spoken with MONTGOMERY DME to coordinate delivery of the oxygen that evening.

15. At 2:56 a.m. on December 20, 2022, MONTGOMERY DME finally delivered the oxygen concentrator ordered by physician 10 hours earlier to CLUBB's home. At 10:44 a.m. that same day, MONTGOMERY DME finally educated CLUBB's wife, LINDA CLUBB, on the use of the oxygen concentrator. Unfortunately, by this time it was too late.

16. At 9:35 a.m. on December 20, 2022, CLUBB succumbed to his injuries and passed away. His death certificate lists cardiopulmonary arrest (heart ceased functioning as with all deaths) as the immediate cause of his death.

17. After CLUBB's death, the California Department of Public Health ("DPH") investigated and cited the AGENCY in connection with the substandard care and services to CLUBB as alleged herein. Specifically, based on interview and record review, the DPH cited the AGENCY for failing to ensure a contract durable medical equipment (DME) company delivered an oxygen concentrator and educated on its use to meet the needs of CLUBB when he suffered shortness of breath (difficulty breathing, breathlessness, or a feeling of suffocation) and cyanosis (a bluish discoloration of the skin resulting from inadequate oxygenation of the blood) for 10 hours without the benefit of supplemental oxygen and MONTGOMERY DME educated the family on the use of the oxygen concentrator 1 hour after CLUBB passed away. The DPH determined this failure caused CLUBB to suffer from air hunger (a sensation of not being able to breath in sufficient air) for an extended period.

18. During an interview conducted by DPH, LVN 4 stated she went to CLUBB's home to conduct an explanation of hospice benefits and CLUBB had not arrived home from the hospital yet. LVN 4 stated during her explanation of hospice benefits with CLUBB's wife, CLUBB arrived home via medical transport. LVN 4 stated when she became aware of CLUBB's shortness of breath and cyanosis she sent a group message which included the AGENCY'S Administrator (Admin) and the Director of Patient Care Services (DPCS 1) about CLUBB's difficulty in breathing and cyanosis. LVN 4 stated she then called the AGENCY's Medical Director (MD) and informed him of CLUBB's difficulty in breathing, oxygen saturation of 59% and obtained an order for 2 [two] lpm of oxygen. LVN 4 stated she did not order the oxygen concentrator because she did not have clearance from the AGENCY to perform this task. LVN 4 stated DPCS 1 who had been on the group text would have ordered the oxygen concentrator. LVN 4 stated she helped CLUBB to sit up in bed and elevated the head of the bed to help him breathe. LVN 4 stated CLUBB's s medication had not been delivered by the pharmacy and therefore she could not administer any medication to assist with CLUBB's ability to breathe.

19. During an interview conducted by DPH, DPCS 1 stated CLUBB passed away on December 20, 2022 at 9:35 a.m. and verified MONTGOMERY DME's receipt indicated the instruction on use of the oxygen concentrator was given 1 hour after CLUBB died. DPCS 1 verified

CLUBB suffered from SOB (shortness of breath) and associated discomfort without aid of supplemental oxygen for 10 hours. DPCS 1 admitted the oxygen concentrator delivery had not gone correctly and the AGENCY would be initiating a discussion with MONTGOMERY DME on what had occurred.

FIRST CAUSE OF ACTION

ELDER ABUSE AND NEGLECT

(*Welfare and Institutions Code* § 15600 et seq.)

[By Plaintiff WILLIAM CLUBB, by and through his Successor-in-Interest, LINDA CLUBB, against Defendants CHARTER HIGH DESERT HEALTH CARE GROUP LLC and DOES 1 through 30]

20. Plaintiff refers to and incorporates the allegations set forth above in paragraphs 1 through 19 as though set forth fully herein.

21. WILLIAM CLUBB was, at all relevant times, over the age of 65 and thus an "elder" as that term is defined in *Welfare and Institutions Code* § 15610.27.

22. Defendants, CHARTER HIGH DESERT HEALTH CARE GROUP LLC and DOES 1 through 30 (collectively, "HOSPICE DEFENDANTS") knew that CLUBB was dependent upon them for custodial care and safety due to his age and conditions. The HOSPICE DEFENDANTS further knew that CLUBB was unable to meet his own needs, such that he relied on the HOSPICE DEFENDANTS to assist him with all of his activities of daily living, including accessing medical care. The HOSPICE DEFENDANTS, therefore, assumed significant responsibility to attend to all of CLUBB'S needs and formed a robust caretaking or custodial relationship with CLUBB.

23. The HOSPICE DEFENDANTS knew it was substantially certain that CLUBB would suffer injury due to the failure to provide the custodial care and services needed to protect CLUBB from harm and keep him safe. Despite this knowledge, the HOSPICE DEFENDANTS denied or withheld goods and services necessary to protect CLUBB and acted with a conscious disregard of the high probability of significant injuries as discussed further above.

24. As a result of the HOSPICE DEFENDANTS' reckless withholding of custodial care to CLUBB, CLUBB suffered hypoxia and subsequent acute cardiopulmonary arrest.

25. As a direct and proximate result of the HOSPICE DEFENDANTS' conduct, CLUBB suffered the injuries described *supra*.

26. The Legislature has acknowledged that elders are particularly susceptible to abuse and neglect at the hands of caretakers because of "physical impairments and other poor health that place them in a dependent and vulnerable position." (Welf. & Inst. Code, § 15600.) The Legislature made its public policy regarding the care of elderly adults clear and sought to incentivize litigation to protect the rights of these vulnerable elders and prosecute those who engaged in elder abuse and neglect.

27. "Abuse," as it relates to elders, is defined at Welfare and Institutions Code, section 15610.07 as either:

a. Physical abuse, *neglect*, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering" (emphasis added).

b. "The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering."

28. "Neglect," as it relates to elders, is defined at Welfare and Institutions Code, section 15610.57 as "[t]he negligent failure of any person having the care and custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise," and includes but is not limited to the: "[f]ailure to protect from health and safety hazards"; "failure to assist in personal hygiene, or in the provision of food, clothing, or shelter"; "failure to provide medical care for physical and mental health needs"; and "failure to prevent malnutrition or dehydration." (Welf. & Inst. Code, § 15610.57, subds. (b)(1)-(4).)

29. State laws and regulations set the standard of care for the senior living industry and help define the care due to elders. These laws and regulations are therefore appropriate in determining whether the HOSPICE DEFENDANTS' conduct amounted to physical abuse, recklessness, oppression, fraud, or malice. (*See Klein v. BIA Hotel Corp.* (1996) 41 Cal.App.4th 1133; *Gregory v. Beverly Enterprises* (2000) 80 Cal.App.4th 514.) Failure to exercise the degree of a care that a reasonable person in a like position would exercise with respect to caring for elders, then, can constitute neglect and therefore abuse of an elder pursuant to Welfare and Institutions Code

section 15600 *et seq.*

30. The HOSPICE DEFENDANTS were aware CLUBB suffered from several conditions which required them to provide him with supervision and assistance. However, the HOSPICE DEFENDANTS failed to exercise the degree of care that a reasonable person in a like position would exercise with respect to caring for CLUBB by, among other things, ensuring CLUBB was properly cared for as to prevent cardiopulmonary arrest and making sure that appropriate interventions, supervision, safety procedures, and service plans were actually implemented.

31. The HOSPICE DEFENDANTS owed duties to CLUBB, yet failed to operate and provide services in compliance with all applicable federal, state, and local laws and regulations, and with accepted standards and principles that apply to those providing hospice services as required by law. By way of example, the HOSPICE DEFENDANTS owed duties to clients such as CLUBB including, but not limited to:

a. Utilizing an interdisciplinary team to assess the physical, medical, psychological, social and spiritual needs. (*Health & Saf. Code* § 1749; Hospice Standards of Quality; 42 C.F.R. § 418.56.)

b. Conducting comprehensive assessments to identify need for care. (*Health & Saf. Code* § 1749; Hospice Standards of Quality, § 3.1; 42 C.F.R. § 418.58.)

c. Developing an overall plan of care and to provide coordinated care that emphasizes supportive services, including home care and pain control. (*Health & Saf. Code* § 1749; Hospice Standards of Quality, §3.2; 42 C.F.R. § 418.56, subd. (c).)

d. Directing the coordination of care and instructing caregivers in providing personal care. (*Health & Saf. Code* § 1749; Hospice Standards of Quality; 42 C.F.R. § 418.56, subd. (e).)

e. Having adequate licensed nursing staff with orientation and training appropriate to the care. (*Health & Saf. Code* § 1749; Hospice Standards of Quality, § 5.4.)

f. Fully Informing through a physician of medical conditions and allow participation in planning medical treatment, including pain and symptom management. (*Health & Saf. Code* § 1749; Hospice Standards of Quality, §6.6.)

g. Ensuring freedom from mistreatment, neglect, or abuse. (42. C.F.R. §418.52.)

32. Although the HOSPICE DEFENDANTS knew or should have known of these and other duties, the HOSPICE DEFENDANTS failed to operate and provide care and services in compliance with all applicable laws and regulations and with accepted standards and principles that apply to providing services as required by law, and failed to provide sufficient oversight and management to ensure that these violations did not occur. Specific examples of failure to comply with statutory and regulatory duties include but are not limited to:

a. Failing to utilize an interdisciplinary team to coordinate care.

b. Failing to conduct comprehensive care assessments;

c. Failing to develop and implement care plans;

d. Failing to coordinate custodial care and instruct caregivers on CLUBB's needs.

e. Failing to inform CLUBB and his family of his medical conditions and allow participation in the coordination of his care;

f. Failing to ensure CLUBB was free from mistreatment, neglect, or abuse.

33. The specific examples of HOSPICE DEFENDANTS' violations of laws and regulations specifically set forth *supra* are not meant to limit the numerosity of the allegations contained herein but are simply illustrative of the depth of DEFENDANTS' malicious, oppressive, and/or reckless conduct.

34. By engaging in the conduct, neglect and abuse, as alleged *supra*, including but not limited to the profit scheme by which HOSPICE DEFENDANTS undercapitalized, understaffed, and undertrained their respective employees, despite the known risk to elders and dependent adults while at the same seeking to increase hospice election rates to increase revenue, the HOSPICE DEFENDANTS' actions were malicious, oppressive, fraudulent, and/or reckless.

35. In conceiving of, implementing, and carrying through with the profit scheme, the HOSPICE DEFENDANTS willfully, knowingly, recklessly, and with conscious disregard for CLUBB'S health, safety, and welfare, breached their duties to CLUBB and did so in a manner which was malicious, fraudulent, and oppressive.

36. The HOSPICE DEFENDANTS each willfully, intentionally, and/or recklessly

caused or permitted CLUBB to be injured and/or placed in a situation such that CLUBB'S health was in danger as set forth *supra*.

37. The HOSPICE DEFENDANTS' actions, as alleged *supra*, created circumstances or conditions likely to cause great bodily harm, and the HOSPICE DEFENDANTS willfully caused or permitted CLUBB to suffer, or inflicted upon him, unjustifiable physical pain, injuries, damages, suffering, indignity, and ultimately, death.

38. As a direct, actual, legal, and proximate cause of the conduct of the HOSPICE DEFENDANTS, as alleged herein, CLUBB suffered unjustifiable and substantial physical pain, mental suffering, and indignity, in an amount according to proof at trial.

39. As a legal result of the acts and omissions alleged herein, CLUBB suffered damages including pain, suffering and death. The HOSPICE DEFENDANTS' respective acts and omissions as alleged herein constitute neglect as defined in *Welfare and Institutions Code* § 15610.57, done with malice, oppression, fraud, and recklessness within the meaning of *Welfare and Institutions Code* § 15657, and as such, CLUBB is entitled to an award of reasonable attorney fees pursuant to *Welfare & Institutions Code* § 15657(a).

40. As a result of the recklessness, malice, and/or fraud herein alleged, CLUBB is entitled to special and general damages, and to an award of punitive damages pursuant to *Civil Code* § 3294.

SECOND CAUSE OF ACTION

Negligence/Willful Misconduct

[By Plaintiff WILLIAM CLUBB, by and through his Successor-in-Interest, LINDA CLUBB, against Defendants CHARTER HIGH DESERT HEALTH CARE GROUP LLC and DOES 1 through 30]

41. Plaintiffs hereby incorporate the allegations asserted in paragraphs 1 through 40 above as though set forth below.

42. At all times herein mentioned, Defendants, CHARTER HIGH DESERT HEALTH CARE GROUP LLC and DOES 1 through 30 (collectively, "HOSPICE DEFENDANTS") owed CLUBB a duty of care as a completely dependent, elderly, patient, while in the custody and care of the Defendants. Such duty included but was not limited to the duty to operate and manage the care

facility in a careful manner to protect the physical safety and well-being of the persons entrusted to their care by exercising due care in hiring managers and employees, by properly training and supervising staff responsible to care for residents, and by taking the necessary precautions required to maintain the safety of those persons in their care, including CLUBB.

43. The HOSPICE DEFENDANTS owed a special duty of care to CLUBB as a person of advanced age who was unable to care for himself independently. The HOSPICE DEFENDANTS affirmatively assumed responsibility for a dependent person of an advanced age, which included the duty to adequately care for CLUBB, whose medical condition left CLUBB particularly vulnerable to harm.

44. At the time of CLUBB'S admission to hospice, there were statutory and regulatory duties imposed upon the HOSPICE DEFENDANTS as set forth herein.

45. In addition to the codes and regulations above, the HOSPICE DEFENDANTS and each of them, owed a duty to CLUBB, yet consciously disregarded their duty to provide the level of care needed to meet the legal standards established for such care, thereby subjecting CLUBB to the probability of serious injury. The HOSPICE DEFENDANTS failed to monitor CLUBB for significant changes in his physical condition and deprived CLUBB with timely access to needed emergency medical care, such that he suffered hypoxia and subsequent cardiopulmonary arrest.

46. CLUBB is a member of a group of persons the statutes and regulations are intended to protect. The HOSPICE DEFENDANTS' conduct violated the statutes and regulations, as set forth herein, and was the direct, actual, legal, and proximate cause of CLUBB'S injuries. Such conduct is therefore Negligent Per Se.

47. CLUBB was in the HOSPICE DEFENDANTS' care and custody. The HOSPICE DEFENDANTS, and each of them, had a duty under federal and state regulations (which are designed for the protection of persons like CLUBB) to provide for CLUBB'S care, comfort, and safety.

48. At all times mentioned, the HOSPICE DEFENDANTS, and each of them, knew that their failure to provide care and treatment within the standard of care would, given CLUBB'S condition coupled with the high degree of dependence on the HOSPICE DEFENDANTS, pose the

probability that CLUBB would sustain serious physical and mental injuries.

49. Notwithstanding the aforesaid knowledge, the HOSPICE DEFENDANTS, and each of them, consciously disregarded their duty to provide the degree of care sufficient to meet legal standards established for such care, and failed to provide such care thereby subjecting CLUBB to the probability of serious injury. In particular, and without limiting the generality of the foregoing, said defendants failed to provide adequate monitoring, assessment and re-assessment of Plaintiff's physical condition and execute; provide adequate monitoring, assessment and re-assessment of Plaintiff's condition to ensure that he received needed medical treatment; adequately train and supervise care staff in performance of basic custodial care; and maintain adequate nursing and support nursing staffing to meet the acuity needs of CLUBB.

50. Further, the HOSPICE DEFENDANTS, and each of them, knew that CLUBB was an elder and willfully caused CLUBB to suffer unjustifiable physical pain and mental suffering by subjecting CLUBB to circumstances and conditions likely to produce great bodily harm.

51. In committing the wrongful and neglectful acts alleged above, the HOSPICE DEFENDANTS breached the foregoing duties to CLUBB. These breaches were intentional and in reckless disregard of the probability that severe injury would result. The HOSPICE DEFENDANTS, and each of them, knew that there was a high probability that injury would result from the failure to adhere to such duties.

52. At all relevant times, the HOSPICE DEFENDANTS knew of the need for these regulations and laws, knew that the lives and health of their patients were at risk whenever they failed to meet such duties, and knew that the failure to comply with such duties would result in injuries to their residents, including CLUBB. In breaching these duties, the HOSPICE DEFENDANTS, and each of them, acted intentionally evidenced by the conscious failure to eliminate known risks to CLUBB'S health and safety stemming from their scheme of keeping resident care expenses at inadequate levels to increase the private profits of their business operations.

53. As a direct and proximate legal result of each of the HOSPICE DEFENDANTS' acts, omissions, or conduct, CLUBB sustained and incurred injuries and damages in an amount to be proven at trial in excess of the minimum jurisdictional limits of this court.

THIRD CAUSE OF ACTION

NEGLIGENCE

[By Plaintiff WILLIAM CLUBB, by and through his Successor-in-Interest, LINDA CLUBB, Against Defendants INTERLANG, LLC dba MONTGOMERY DME and DOES 31 through 45]

54. Plaintiff refers to and incorporates the allegations set forth above in paragraphs 1 through 19 as though set forth fully herein.

55. That Defendants INTERLANG, LLC dba MONTGOMERY DME and DOES 31 through 45 (hereinafter collectively, "MONTGOMERY DME") owed and breached duties of care to CLUBB in operating their durable medical equipment ("DME") company as further alleged herein.

56. That CLUBB was harmed as alleged more fully hereinabove.

57. That MONTGOMERY DME's negligence was a substantial factor in causing CLUBB's harm as more fully alleged hereinabove.

58. As a direct and proximate legal result of MONTGOMERY DME's negligence, CLUBB sustained and incurred injuries and damages in an amount to be proven at trial in excess of the minimum jurisdictional limits of this court.

FOURTH CAUSE OF ACTION

WRONGFUL DEATH

[By LINDA CLUBB, JULIE MATTICE, and MATTHEW OWENBY Against All Defendants]

59. Plaintiffs hereby incorporate the allegations asserted in paragraphs 1 through 58 above as though set forth below.

60. Plaintiffs, LINDA CLUBB, JULIE MATTICE, and MATTHEW OWENBY are the surviving heirs of decedent WILLIAM CLUBB.

61. Defendants CHARTER HIGH DESERT HEALTH CARE GROUP LLC; INTERLANG, LLC dba MONTGOMERY DME, and DOES 1 through 60 (collectively, "DEFENDANTS") owed statutory and common law duties to WILLIAM CLUBB as more fully set

forth above.

62. DEFENDANTS failed to meet their statutory and common law duties to WILLIAM CLUBB as more fully set forth above.

63. As a direct and proximate result of the negligence and "neglect" defined in Welfare & Institutions Code §15610.57 perpetrated by DEFENDANTS, and each of them, WILLIAM CLUBB died on December 20, 2022.

64. Prior to the death of WILLIAM CLUBB, LINDA CLUBB, JULIE MATTICE, and MATTHEW OWENBY enjoyed the love, society, comfort, and attention of WILLIAM CLUBB.

65. As a proximate and direct result of the negligent acts (both negligence and "neglect" as defined in *Welfare & Institutions Code* §15610.57) of DEFENDANTS as alleged herein, LINDA CLUBB, JULIE MATTICE, and MATTHEW OWENBY have sustained loss of the society, comfort, attention, and love of WILLIAM CLUBB, in a sum according to proof at trial and within the jurisdictional limits of this Court.

WHEREFORE, PLAINTIFFS pray for judgment and damages as follows:

1. For general damages according to proof;
2. For special damages according to proof;
3. For attorney's fees and costs (as to the First Cause of Action Only);
8. For exemplary and punitive damages (as to the First Cause of Action Only);
9. For costs of suit; and
10. For such other and further relief as the Court deems just and proper.

DATED: August 14, 2023

GHARIBIAN LAW, APC

By: _____
Justin Vitug, Esq.
Attorney for Plaintiffs

COPY

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Art Gharibian, Esq. (SBN 276228) GHARIBIAN LAW, APC, 101 N. Brand Blvd. Suite 1970, Glendale, California 91203 TELEPHONE NO.: (818) 272-8535 FAX NO. (Optional): (818) 272-8536 E-MAIL ADDRESS: eservice@gharibianlaw.com ATTORNEY FOR (Name): Plaintiffs WILLIAM CALVIN CLUBB, by/through his SII, et al.	FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT AUG 29 2023 BY: Cristal Martinez Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 West Third Street MAILING ADDRESS: 247 West Third Street CITY AND ZIP CODE: San Bernardino 92415-0210 BRANCH NAME: San Bernardino District - Civil Division	
CASE NAME: CLUBB, et al. v. CHARTER HIGH DESERT HEALTH CARE GROUP, LLC, et al.	

CIVIL CASE COVER SHEET	Complex Case Designation	CASE NUMBER:
[X] Unlimited (Amount demanded exceeds $25,000) [ ] Limited (Amount demanded is $25,000 or less)	[ ] Counter [ ] Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)	CIVSB 2321437 JUDGE: DEPT.:

Items 1–6 below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:

Auto Tort
- [ ] Auto (22)
- [ ] Uninsured motorist (46)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort
- [ ] Asbestos (04)
- [ ] Product liability (24)
- [ ] Medical malpractice (45)
- [ ] Other PI/PD/WD (23)

Non-PI/PD/WD (Other) Tort
- [ ] Business tort/unfair business practice (07)
- [ ] Civil rights (08)
- [ ] Defamation (13)
- [ ] Fraud (16)
- [ ] Intellectual property (19)
- [ ] Professional negligence (25)
- [ ] Other non-PI/PD/WD tort (35)

Employment
- [ ] Wrongful termination (36)
- [ ] Other employment (15)

Contract
- [ ] Breach of contract/warranty (06)
- [ ] Rule 3.740 collections (09)
- [ ] Other collections (09)
- [ ] Insurance coverage (18)
- [ ] Other contract (37)

Real Property
- [ ] Eminent domain/Inverse condemnation (14)
- [ ] Wrongful eviction (33)
- [ ] Other real property (26)

Unlawful Detainer
- [ ] Commercial (31)
- [ ] Residential (32)
- [ ] Drugs (38)

Judicial Review
- [ ] Asset forfeiture (05)
- [ ] Petition re: arbitration award (11)
- [ ] Writ of mandate (02)
- [ ] Other judicial review (39)

Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400–3.403)
- [ ] Antitrust/Trade regulation (03)
- [ ] Construction defect (10)
- [ ] Mass tort (40)
- [ ] Securities litigation (28)
- [ ] Environmental/Toxic tort (30)
- [ ] Insurance coverage claims arising from the above listed provisionally complex case types (41)

Enforcement of Judgment
- [ ] Enforcement of judgment (20)

Miscellaneous Civil Complaint
- [ ] RICO (27)
- [x] Other complaint *(not specified above)* (42)

Miscellaneous Civil Petition
- [ ] Partnership and corporate governance (21)
- [ ] Other petition *(not specified above)* (43)

2. This case [ ] is [x] is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
   a. [ ] Large number of separately represented parties
   b. [ ] Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve
   c. [ ] Substantial amount of documentary evidence
   d. [ ] Large number of witnesses
   e. [ ] Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
   f. [ ] Substantial postjudgment judicial supervision
3. Remedies sought *(check all that apply)*: a. [x] monetary b. [x] nonmonetary; declaratory or injunctive relief c. [x] punitive
4. Number of causes of action *(specify)*: (1) Elder Abuse/Neglect, (2) Negligence/Willful Misconduct, (3) Negligence, (4) Wrongful Death
5. This case [ ] is [x] is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. *(You may use form CM-015.)*

Date: August 14, 2023

Art Gharibian, Esq.
(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE
- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

Form Adopted for Mandatory Use
Judicial Council of California
CM-010 [Rev. September 1, 2021]

CIVIL CASE COVER SHEET

Cal. Rules of Court, rules 2.30, 3.220, 3.400–3.403, 3.740;
Cal. Standards of Judicial Administration, std. 3.10
www.courts.ca.gov

INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

CM-010

To Plaintiffs and Others Filing First Papers. If you are filing a first paper (for example, a complaint) in a civil case, you **must** complete and file, along with your first paper, the Civil Case Cover Sheet contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 6 on the sheet. In item 1, you must check **one** box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the **primary** cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

To Parties in Rule 3.740 Collections Cases. A "collections case" under rule 3.740 is defined as an action for recovery of money owed in a sum stated to be certain that is not more than $25,000, exclusive of interest and attorney's fees, arising from a transaction in which property, services, or money was acquired on credit. A collections case does not include an action seeking the following: (1) tort damages, (2) punitive damages, (3) recovery of real property, (4) recovery of personal property, or (5) a prejudgment writ of attachment. The identification of a case as a rule 3.740 collections case on this form means that it will be exempt from the general time-for-service requirements and case management rules, unless a defendant files a responsive pleading. A rule 3.740 collections case will be subject to the requirements for service and obtaining a judgment in rule 3.740.

To Parties in Complex Cases. In complex cases only, parties must also use the Civil Case Cover Sheet to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

CASE TYPES AND EXAMPLES

Auto Tort
- Auto (22)–Personal Injury/Property Damage/Wrongful Death
- Uninsured Motorist (46) *(if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto)*

Other PI/PD/WD (Personal Injury/ Property Damage/Wrongful Death) Tort
- Asbestos (04)
  - Asbestos Property Damage
  - Asbestos Personal Injury/ Wrongful Death
- Product Liability *(not asbestos or toxic/environmental)* (24)
- Medical Malpractice (45)
  - Medical Malpractice–Physicians & Surgeons
- Other Professional Health Care Malpractice
- Other PI/PD/WD (23)
  - Premises Liability (e.g., slip and fall)
  - Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)
  - Intentional Infliction of Emotional Distress
  - Negligent Infliction of Emotional Distress
  - Other PI/PD/WD

Non-PI/PD/WD (Other) Tort
- Business Tort/Unfair Business Practice (07)
- Civil Rights (e.g., discrimination, false arrest) *(not civil harassment)* (08)
- Defamation (e.g., slander, libel) (13)
- Fraud (16)
- Intellectual Property (19)
- Professional Negligence (25)
  - Legal Malpractice
  - Other Professional Malpractice *(not medical or legal)*
- Other Non-PI/PD/WD Tort (35)

Employment
- Wrongful Termination (36)
- Other Employment (15)

Contract
- Breach of Contract/Warranty (06)
  - Breach of Rental/Lease Contract *(not unlawful detainer or wrongful eviction)*
  - Contract/Warranty Breach–Seller Plaintiff *(not fraud or negligence)*
  - Negligent Breach of Contract/ Warranty
  - Other Breach of Contract/Warranty
- Collections (e.g., money owed, open book accounts) (09)
  - Collection Case–Seller Plaintiff
  - Other Promissory Note/Collections Case
- Insurance Coverage *(not provisionally complex)* (18)
  - Auto Subrogation
  - Other Coverage
- Other Contract (37)
  - Contractual Fraud
  - Other Contract Dispute

Real Property
- Eminent Domain/Inverse Condemnation (14)
- Wrongful Eviction (33)
- Other Real Property (e.g., quiet title) (26)
  - Writ of Possession of Real Property
  - Mortgage Foreclosure
  - Quiet Title
  - Other Real Property *(not eminent domain, landlord/tenant, or foreclosure)*

Unlawful Detainer
- Commercial (31)
- Residential (32)
- Drugs (38) *(if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential)*

Judicial Review
- Asset Forfeiture (05)
- Petition Re: Arbitration Award (11)
- Writ of Mandate (02)
  - Writ–Administrative Mandamus
  - Writ–Mandamus on Limited Court Case Matter
  - Writ–Other Limited Court Case Review
- Other Judicial Review (39)
  - Review of Health Officer Order
  - Notice of Appeal–Labor Commissioner Appeals

Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400–3.403)
- Antitrust/Trade Regulation (03)
- Construction Defect (10)
- Claims Involving Mass Tort (40)
- Securities Litigation (28)
- Environmental/Toxic Tort (30)
- Insurance Coverage Claims *(arising from provisionally complex case type listed above)* (41)

Enforcement of Judgment
- Enforcement of Judgment (20)
  - Abstract of Judgment (Out of County)
- Confession of Judgment *(non-domestic relations)*
- Sister State Judgment
- Administrative Agency Award *(not unpaid taxes)*
- Petition/Certification of Entry of Judgment on Unpaid Taxes
- Other Enforcement of Judgment Case

Miscellaneous Civil Complaint
- RICO (27)
- Other Complaint *(not specified above)* (42)
  - Declaratory Relief Only
  - Injunctive Relief Only *(non-harassment)*
  - Mechanics Lien
  - Other Commercial Complaint Case *(non-tort/non-complex)*
  - Other Civil Complaint *(non-tort/non-complex)*

Miscellaneous Civil Petition
- Partnership and Corporate Governance (21)
- Other Petition *(not specified above)* (43)
  - Civil Harassment
  - Workplace Violence
  - Elder/Dependent Adult Abuse
  - Election Contest
  - Petition for Name Change
  - Petition for Relief From Late Claim
  - Other Civil Petition

COPY

Art Gharibian, Esq. (SBN 276228)
Amber M. Tham, Esq. (SBN 266207)
Destiny M. Verdugo, Esq. (SBN 329696)
GHARIBIAN LAW, APC
101 N. Brand Blvd. Suite 1970
Glendale, California 91203
eservice@gharibianlaw.com
Telephone: (818) 272-8535
Facsimile: (818) 272-8536

Attorneys for Plaintiffs

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO
SAN BERNARDINO DISTRICT

AUG 29 2023

BY: Cristal Martinez Deputy
Cristal Martinez

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

WILLIAM CALVIN CLUBB, by and through his Successor-In-Interest, Linda Clubb; LINDA CLUBB, individually; JULIE MATTICE, individually; and MATTHEW OWENBY, individually,

Plaintiffs,

vs.

CHARTER HIGH DESERT HEALTH CARE GROUP LLC; INTERLANG, LLC dba MONTGOMERY DME; and DOES 1 through 60, inclusive,

Defendants.

WILLIAM CALVIN CLUBB III, individually,

Nominal Defendant.

CASE NO.: CIVSB2321437

DECLARATION OF LINDA CLUBB (AS SUCCESSOR IN INTEREST TO WILLIAM CLUBB PURSUANT TO CCP §377.32)

///

///

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DECLARATION OF LINDA CLUBB

(AS SUCCESSOR IN INTEREST TO WILLIAM CLUBB PURSUANT TO *CCP* §377.32)

I, LINDA CLUBB, declare and state as follows:

1. I have personal knowledge of the facts contained herein and, if called as a witness, could and would competently testify thereto.

2. My husband, WILLIAM CLUBB (Decedent"), died on December 20, 2022 at [redacted] Victorville, CA [redacted] (A certified copy of the death certificate, with all personally identifiable private information redacted, is attached hereto as Exhibit "1.")

3. No proceeding is now pending in California for administration of the Decedent's estate.

4. I am the Decedent's Successor in Interest, as defined in section 377.11 of the California *Code of Civil Procedure*, and succeed to the Decedent's interest in the instant proceeding in that as the Decedent's surviving spouse, I am the beneficiary of the Decedent's estate. I am therefore authorized to act on behalf of the Decedent as his Successor in Interest.

5. No other person has a superior right to commence the above-captioned action or to be substituted for the Decedent in the pending action or proceeding.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/24/2023 at [redacted], Victorville, California.

DocuSigned by:
Linda Clubb
DF73D7A59D4548E...

LINDA CLUBB, Declarant

EXHIBIT 1

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA [illegible]

[illegible] CERTIFICATE OF DEATH [illegible]

WILLIAM | CALVIN | CLUBB

09/23/1950 | 72 | M

CA [redacted] [X] | MARRIED | 12/20/2022 | 0605

ASSOCIATE | [X] | CAUCASIAN

RESPIRATORY THERAPIST | HEALTH CARE | 40

[redacted]

VICTORVILLE | SAN BERNARDINO | 92392 | 40 | CA

LINDA B. CLUBB, SPOUSE | 11320 NEWLAND COURT, VICTORVILLE, CA 92392

LINDA | B. | OWENBY

WILLIAM | CLUBB | CA

OPAL | WILLIAMS | KS

01/10/2023 | BELLEVUE MEMORIAL PARK 1240 WEST G STREET, ONTARIO, CA 91762

BURIAL | ▸ INUER S ORR | EMB8154

TODD MEMORIAL CHAPEL | FD110 | ▸ MICHAEL A. SEGUERRA, MD | 01/02/2023

RESIDENCE-HOSPICE | [X]

SAN BERNARDINO [redacted] VICTORVILLE

[X] | [X] | [X]

MOHINDER P. AHLUWALIA, MD | A[illegible]

12/19/2022 | 12/19/2022 | MOHINDER P. AHLUWALIA, MD [illegible] TOWNE CENTER DRIVE, STE 104, APPLE VALLEY, CA 92308

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } ss
COUNTY OF SAN BERNARDINO

DATE ISSUED JAN 0 6 2023

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH.

[signature]

MICHAEL A. SEQUEIRA, M.D.
HEALTH OFFICER

003118920

SUPERIOR COURT OF CALIFORNIA,
COUNTY OF SAN BERNARDINO
San Bernardino District
247 West 3rd St
San Bernardino CA 92415
www.sb-court.org
909-708-8678

Clubb et al -v- Charter High Desert Health Care Group LLC et al	
NOTICE OF TRIAL SETTING CONFERENCE and NOTICE OF CASE ASSIGNMENT	Case Number CIVSB2321437

Gharibian Law, APC
101 North Brand Blvd
Suite 1970
Glendale CA 91203

This case has been assigned to: Gilbert Ochoa in Department S24 - SBJC for all purposes.

Notice is hereby given that the above-entitled case has been set for Trial Setting Conference on:

Hearing Date: 03/06/2024 at 8:30 AM in Department S24 - SBJC

Date: 9/8/2023

By: _____
Crista Martinez, Deputy Clerk

CERTIFICATE OF SERVICE

I am a Deputy Clerk of the Superior Court for the County of San Bernardino at the above-listed address. I am not a party to this action and on the date and place shown below, I served a copy of the above-listed notice by:

- ☐ Enclosed in a sealed envelope mailed to the interested party addressed above for collection and mailing this date, following standard Court practices.
- ☐ Enclosed in a sealed envelope, first class postage prepaid in the U.S. mail at the location shown above, mailed to the interested party and addressed as shown above or as shown on the attached listing.
- ☐ A copy of this notice was given to the filing party at the counter.
- ☑ A copy of this notice was placed in the bin located at this office and identified as the location for the above law firm's collection of file-stamped documents.

Date of Mailing: 9/8/2023

I declare under penalty of perjury that the forgoing is true and correct. Executed on 9/8/2023 at San Bernardino, CA.

By: _____
Crista Martinez, Deputy Clerk

COPY

Art Gharibian, Esq. (SBN 276228)
Amber M. Tham, Esq. (SBN 266207)
Destiny M. Verdugo, Esq. (SBN 329696)
GHARIBIAN LAW, APC
101 N. Brand Blvd. Suite 1970
Glendale, California 91203
eservice@gharibianlaw.com
Telephone: (818) 272-8535
Facsimile: (818) 272-8536

Attorneys for Plaintiffs

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO
SAN BERNARDINO DISTRICT

AUG 29 2023

BY: Deputy

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

WILLIAM CALVIN CLUBB, by and through his Successor-In-Interest, Linda Clubb; LINDA CLUBB, individually; JULIE MATTICE, individually; and MATTHEW OWENBY, individually,

Plaintiffs,

vs.

CHARTER HIGH DESERT HEALTH CARE GROUP LLC; INTERLANG, LLC dba MONTGOMERY DME; and DOES 1 through 60, inclusive,

Defendants.

WILLIAM CALVIN CLUBB III, individually,

Nominal defendants.

CASE NO. CIV SB 2321437

PLAINTIFFS' DEMAND FOR JURY TRIAL

///

///

///

TO THE HONORABLE COURT, TO ALL PARTIES AND TO THEIR COUNSEL OF RECORD:

PLEASE TAKE NOTICE that Plaintiffs WILLIAM CALVIN CLUBB, by and through his Successor-In-Interest, Linda Clubb; LINDA CLUBB, individually; JULIE MATTICE, individually; and MATTHEW OWENBY, individually, hereby demand that the above-entitled action be tried by a jury.

DATED: August 14, 2023

GHARIBIAN LAW, APC

By: _____

Art Gharibian, Esq.
Attorney for Plaintiffs

COPY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

CIV SB 2321437

WILLIAM CALVIN CLUBB, by/through his Sll, Linda Clubb, et al. Case No.: _____

vs.

CERTIFICATE OF ASSIGNMENT

CHARTER HIGH DESERT HEALTH CARE GROUP LLC, et al.

A civil action or proceeding presented for filing must be accompanied by this Certificate. If the ground is the residence of a party, name and residence shall be stated.

The undersigned declares that the above-entitled matter is filed for proceedings in the Central District of the Superior Court under Rule 131 and General Order of this court for the checked reason:

☒ General ☐ Collection

	Nature of Action	Ground
☐	1. Adoption	Petitioner resides within the district
☐	2. Conservator	Petitioner or conservatee resides within the district.
☐	3. Contract	Performance in the district is expressly provided for.
☐	4. Equity	The cause of action arose within the district.
☐	5. Eminent Domain	The property is located within the district.
☐	6. Family Law	Plaintiff, defendant, petitioner or respondent resides within the district.
☐	7. Guardianship	Petitioner or ward resides within the district or has property within the district.
☐	8. Harassment	Plaintiff, defendant, petitioner or respondent resides within the district.
☐	9. Mandate	The defendant functions wholly within the district.
☐	10. Name Change	The petitioner resides within the district.
☐	11. Personal Injury	The injury occurred within the district.
☐	12. Personal Property	The property is located within the district.
☐	13. Probate	Decedent resided or resides within or had property within the district.
☐	14. Prohibition	The defendant functions wholly within the district.
☐	15. Review	The defendant functions wholly within the district.
☐	16. Title to Real Property	The property is located within the district.
☐	17. Transferred Action	The lower court is located within the district.
☐	18. Unlawful Detainer	The property is located within the district.
☐	19. Domestic Violence	The petitioner, defendant, plaintiff or respondent resides within the district.
☐	20. Other Elder Abuse/Neglect	Defendant resides within the district.
☐	21. THIS FILING WOULD	NORMALLY FALL WITHIN JURISDICTION OF SUPERIOR COURT

The address of the accident, performance, party, detention, place of business, or other factor which qualifies this case for filing in the above-designed district is:

Defendant,CHARTER HIGH DESERT HEALTH CARE GROUP LLC (NAME - INDICATE TITLE OR OTHER QUALIFYING FACTOR) 19015 Town Center Drive (ADDRESS)

Apple Valley (CITY) CA (STATE) 92308 (ZIP CODE)

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed on August 14, 2023 at Glendale, California.

Signature of Attorney/Party

ATTORNEY OR PARTY WITHOUT ATTORNEY
STATE BAR NUMBER: 276228
NAME: Art Gharibian, Esq.
FIRM NAME: GHARIBIAN LAW, APC
STREET ADDRESS: 101 North Brand Blvd. Suite 1950
CITY: Glendale
STATE: CA
ZIP CODE: 91203
TELEPHONE NO.: (818) 272-8535
FAX NO.: (818) 272-8536
EMAIL ADDRESS: eservice@gharibianlaw.com
ATTORNEY FOR *(name)*: Plaintiffs, WILLIAM CALVIN CLUBB, by/through his SII, Linda Clubb

FOR COURT USE ONLY

ELECTRONICALLY FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO
SAN BERNARDINO DISTRICT
1/23/2026 10:15 AM
By: Amalia Molina, DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO
STREET ADDRESS: 247 West Third Street
MAILING ADDRESS: 247 West Third Street
CITY AND ZIP CODE: San Bernardino 92415-0210
BRANCH NAME: San Bernardino District - Civil Division

PLAINTIFF/PETITIONER: WILLIAM CALVIN CLUBB, by/through his SII, Linda Clubb
DEFENDANT/RESPONDENT: CHARTER HIGH DESERT HEALTH CARE GROUP, LLC

REQUEST FOR DISMISSAL

CASE NUMBER:
CIVSB2321437

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

1. TO THE CLERK: Please **dismiss** this action as follows:
   a. (1) [x] With prejudice (2) [ ] Without prejudice (3) [ ] Without prejudice and with the court retaining jurisdiction (Code Civ. Proc., § 664.6)
   b. (1) [ ] Complaint (2) [ ] Petition
      (3) [ ] Cross-complaint filed on *(date):* by *(name):*
      (4) [ ] Cross-complaint filed on *(date):* by *(name):*
      (5) [x] Entire action of all parties and all causes of action
      (6) [ ] Other *(specify)*:*
2. *(Complete in all cases except family law cases.)*
   The court [ ] did [x] did not waive court fees and costs for a party in this case. *(This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed.)*

Date: January 20, 2026

Art Gharibian, Esq.
(TYPE OR PRINT NAME OF [x] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

(SIGNATURE)

Attorney or party without attorney for
[x] Plaintiff/Petitioner [ ] Defendant/Respondent
[ ] Cross-Complainant

* If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed

3. TO THE CLERK: Consent to the above dismissal is hereby given.†
Date:

(TYPE OR PRINT NAME OF [ ] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

(SIGNATURE)

Attorney or party without attorney for
[ ] Plaintiff/Petitioner [ ] Defendant/Respondent
[ ] Cross-Complainant

† If item 1a(3) is checked, all parties must sign.
If a cross-complaint—or *Response—Marriage/Domestic Partnership* (form FL-120) seeking affirmative relief—is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j).

[ ] Check here and use form MC-025 or a separate page for additional signatures. Include date, printed name, and party information.

4. [X] Dismissal entered as requested on *(date):* 1/23/2026 10:15 AM
5. [ ] Dismissal entered on *(date):* as to only *(name):*
6. [ ] Dismissal **not entered** as requested for the following reasons *(specify):*
   2/6/2026
7. a. [X] Attorney or party without attorney notified on *(date):*
   b. [ ] Attorney or party without attorney not notified. Filing party failed to provide
      [ ] a copy to be conformed [ ] means to return conformed copy

Date: 2/6/2026 Clerk, by /s/ Amalia Molina, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
CIV-110 [Rev. January 1, 2025]

Code of Civil Procedure, § 581 et seq.;
Government Code, § 68637(c); Cal. Rules of Court, rule 3.1390
www.courts.ca.gov

PLAINTIFF/PETITIONER: WILLIAM CALVIN CLUBB, by/through his SII, Linda Clubb DEFENDANT/RESPONDENT: CHARTER HIGH DESERT HEALTH CARE GROUP, LLC	CASE NUMBER: CIVSB2321437

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover $10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for *(name):*
2. The person named in item 1 is *(check one below)*
   a. ☐ not recovering anything of value by this action.
   b. ☐ recovering less than $10,000 in value by this action.
   c. ☐ recovering $10,000 or more in value by this action. *(If item 2c is checked, item 3 must be completed.)*
3. All court fees and court costs that were waived in this action have been paid to the court *(check one):* ☐ Yes ☐ No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION)

(SIGNATURE)

EXHIBIT 11

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Interlang, LLC d/b/a Montgomery DME MDEG License # (if applicable) _____

Physical Address 2915 Losee Road, # 108

City North Las Vegas State Nevada Zip 89030

Mailing Address (if different from physical address) 14109 Pontlavoy Avenue

City Santa Fe Springs State California Zip 90670

Telephone 562-777-7099 Website www.montgomerydme.com

Licensing Company Email admin@montdme.com

Section 2: Personal Information

First Cesar Middle Julio Last Maceira

Alias(es, nicknames, name changes, etc.) None.

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email cmaceira@montdme.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
John Jay College			01/90 - 05/92
Address	**City**	**State**	**Zip**
524 W. 59th Street	New York	NY	10019
Diploma/Degree obtained, if any			
Associate of Science in Business Administration			

School Name			From - To (MM/YY – MM/YY)
Herbert H. Lehman High School			09/85 - 05/89
Address	**City**	**State**	**Zip**
3000 E. Tremont Avenue	Bronx	NY	10461
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/13 - Current	[redacted]	Las Vegas	Nevada	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Interlang, LLC, a California limited liability company doing business as Montgomery DME			03/26-Present
Business Address	**City**	**State**	**Zip**
2915 Losee Road # 108	North Las Vegas	NV	89030
Phone	**Title**	**Number of Employed Hours**	
562-777-7088	Patient Care Technician Designated Representative	24	

Description of Duties

Continued oversight of delivery and fulfillment of medical equipment ordering and delivery, and in connection with patient care. Serve as company's point of contact for its hospice customers and those hospices' patients.

Business Name			From - To (MM/YY – MM/YY)
Advantage Home Medical Services, Inc., a Nevada corporation d/b/a Montgomery DME			11/22-03/26
Business Address	**City**	**State**	**Zip**
2915 Losee Road # 108	North Las Vegas	NV	89030
Phone	**Title**	**Number of Employed Hours**	
562-777-7088	Patient Care Technician Designated Representative	6,960	

Description of Duties

Oversight of delivery and fulfillment of medical equipment ordering and delivery, and in connection with patient care. Serve as company's point of contact for its hospice customers and those hospices' patients.

Business Name			From - To (MM/YY – MM/YY)
Advantage Home Medical Services, Inc., a Nevada corporation d/b/a Montgomery DME			01/22-11/22
Business Address	**City**	**State**	**Zip**
2915 Losee Road # 108	North Las Vegas	NV	89030
Phone	**Title**	**Number of Employed Hours**	
562-777-7088	Delivery Technician	1,840	

Description of Duties

Responsible for delivering medical equipment to company's hospice customers and hospice patients.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you 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?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

4-1-26
Date

I, Cesar Julio Maceira **, certify that as the MDEG Administrator for**

Interlang, LLC, a California limited liability company doing business as Montgomery DME ,

that I (initial that you have read and meet the following requirements):

1. CJM Have a high school diploma or its equivalent;
2. CJM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CJM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CJM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cesar Julio Maceira

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.1.26

Date

Board Use Only	Date Received:

Authorization for Representation

Purpose of Document

This Authorization grants the individuals named herein as Authorized Representatives, the authority to act, represent, and speak on behalf of **Total Infusion Care, LLC dba LUX Infusion 13** ("TIC") at the Nevada Board Meeting to be held on April 15, 2026 in Reno, Nevada (the "Meeting"). The purpose of the Meeting is to answer questions and address any concerns the Board Members (the "Board") may have regarding the pending Change of Ownership/Name Change/Supervising Pharmacist Change application for TIC (the "Application"). Each Authorized Representative may attend the meeting in person, via Videoconference, or via Teleconference.

Authorized Representatives

The following individuals are hereby appointed as Authorized Representatives and are authorized to represent TIC as described in the **Scope of Authorization**:

- **Name:** Morgan Harber
  Title/Role: General Counsel, VP, and Secretary
- **Name:** Ariel Cavazos
  Title/Role: Associate General Counsel
- **Name:** Allison Croft
  Title/Role: VP of Quality and Compliance
- **Name:** Kimberly Jensen-Moore
  Title/Role: SVP Pharmacy Operations
- **Name:** Robyn Hansen
  Title/Role: Regulatory Compliance Consultant

Scope of Authorization

The Authorized Representatives listed above have the authority to:

- Represent and speak on behalf of TIC in addressing any questions or concerns presented by the Board and/or other persons regarding the pending Application.

This authorization remains in effect until the Application is approved by the Board.

Certification

I hereby certify that I, Edward (Ted) Kramm, Chief Executive Officer, give this Authorization to the Authorized Representatives named herein.

Signature: _____ **Date:** 4/14/26

SFY27 BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH:

REVENUES	APPROVED BUDGET	BUDGET AMMENDMENTS	REVISED BUDGET	CURRNET MONTH REVENUE/EXPENSE	YTD REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2027	TOTAL REVENUE/EXPENSE SFY27	DIFFERENCE
Beginning Balance	$ 6,840,222		$ 6,840,222	$ -	$ -	$ 6,840,222	$ 6,840,222	$ -
Renewal Fees	$ 6,762,165		$ 6,762,165	$ -	$ -	$ 6,762,165	$ 6,762,165	$ -
Registration Fees	$ 1,270,880		$ 1,270,880	$ -	$ -	$ 1,270,880	$ 1,270,880	$ -
Recovered Costs	$ 50,000		$ 50,000	$ -	$ -	$ 50,000	$ 50,000	$ -
CC Processing Fees	$ 300,000		$ 300,000	$ -	$ -	$ 300,000	$ 300,000	$ -
Change MGR RPh	$ 22,800		$ 22,800	$ -	$ -	$ 22,800	$ 22,800	$ -
Inspections	$ 5,000		$ 5,000	$ -	$ -	$ 5,000	$ 5,000	$ -
Interest Income	$ 40,000		$ 40,000	$ -	$ -	$ 40,000	$ 40,000	$ -
Late Fees	$ 15,000		$ 15,000	$ -	$ -	$ 15,000	$ 15,000	$ -
Total Revenues	**$ 15,306,067**	$ -	**$ 15,306,067**	$ -	$ -	**$ 15,306,067**	**$ 15,306,067**	$ -

EXPENSES								
Payroll	$ 4,486,157		$ 4,486,157	$ -	$ -	$ 4,486,157	$ 4,486,157	$ -
Operating	$ 1,994,432		$ 1,994,432	$ -	$ -	$ 1,994,432	$ 1,994,432	$ -
Equipment	$ 50,000		$ 50,000	$ -	$ -	$ 50,000	$ 50,000	$ -
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	$ 40,000		$ 40,000	$ -	$ -	$ 40,000	$ 40,000	$ -
Reserve	$ 8,560,478		$ 8,560,478	$ -	$ -	$ 8,560,478	$ 8,560,478	$ -
Total Expenses	**$ 15,306,067**	$ -	**$ 15,306,067**	$ -	$ -	**$ 15,306,067**	**$ 15,306,067**	$ -
Balance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

SFY26 BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: 02/28/2026

REVENUES	APPROVED BUDGET	BUDGET AMMENDMENTS	REVISED BUDGET	CURRNET MONTH REVENUE/EXPENSE	YTD REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2026	TOTAL REVENUE/EXPENSE SFY26	DIFFERENCE
Beginning Balance	$ 7,680,671		$ 7,680,671	$ -	$ -	$ 7,680,671	$ 7,680,671	$ -
Renewal Fees	$ 1,800,000		$ 1,800,000	$ 400	$ 1,840,610	$ -	$ 1,841,010	$ 41,010
Registration Fees	$ 1,209,020		$ 1,209,020	$ 91,170	$ 776,875	$ 340,975	$ 1,209,020	$ -
Recovered Costs	$ 30,000		$ 30,000	$ 5,000	$ 41,239	$ -	$ 46,239	$ 16,239
CC Processing Fees	$ 155,000		$ 155,000	$ 2,470	$ 112,153	$ 40,378	$ 155,000	$ -
Change MGR RPh	$ 22,800		$ 22,800	$ 1,400	$ 11,800	$ 9,600	$ 22,800	$ -
Inspections	$ 5,000		$ 5,000	$ 3,498	$ 5,219	$ -	$ 8,717	$ 3,717
Interest Income	$ 20,000		$ 20,000	$ -	$ 79,632	$ -	$ 79,632	$ 59,632
Late Fees	$ 15,000		$ 15,000	$ 800	$ 14,446	$ (246)	$ 15,000	$ -
Total Revenues	**$ 10,937,491**	**$ -**	**$ 10,937,491**	**$ 104,737**	**$ 2,881,972**	**$ 8,071,378**	**$ 11,058,088**	**$ 120,597**

EXPENSES								
Payroll	$ 4,299,317		$ 4,299,317	$ 357,357	$ 2,442,744	$ 1,499,216	$ 4,299,317	$ -
Operating	$ 1,442,170		$ 1,442,170	$ 125,745	$ 973,141	$ 343,284	$ 1,442,170	$ -
Equipment	$ 25,000		$ 25,000	$ -	$ 7,914	$ 17,086	$ 25,000	$ -
In-State Travel	$ 110,000		$ 110,000	$ 3,493	$ 51,260	$ 55,247	$ 110,000	$ -
Out-of-State Travel	$ 65,000		$ 65,000	$ -	$ 3,043	$ 61,957	$ 65,000	$ -
DAG Cost	$ 40,000		$ 40,000	$ 5,288	$ 13,617	$ 21,096	$ 40,000	$ -
Reserve	$ 4,956,004		$ 4,956,004	$ -	$ -	$ -	$ 5,076,601	$ 120,597
Total Expenses	**$ 10,937,491**	**$ -**	**$ 10,937,491**	**$ 491,883**	**$ 3,491,717**	**$ 1,997,887**	**$ 11,058,088**	**$ 120,597**
Balance	$ -	$ -	$ -				$ -	$ -

Assembly Bill No. 374–Assemblymen Tolles; Gorelow, Hafen, Nguyen, Orentlicher, Peters, Roberts, Summers-Armstrong and Thomas

Joint Sponsors: Senators Seevers Gansert; and Ratti

CHAPTER.....

AN ACT relating to substance use disorders; creating the Statewide Substance Use Response Working Group; requiring the Working Group to review certain issues relating to substance misuse and substance use disorders; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Division of Public and Behavioral Health of the Department of Health and Human Services to formulate a comprehensive state plan for programs for alcohol and other substance use disorders. (NRS 458.025) **Section 6** of this bill creates the Statewide Substance Use Response Working Group within the Office of the Attorney General, and **section 7** of this bill prescribes requirements for the operation of the Working Group. **Section 10** of this bill requires the Working Group to comprehensively review various aspects of substance misuse and substance use disorders and programs and activities to combat substance misuse and substance use disorders in this State. **Section 10.5** of this bill requires the Department of Health and Human Services to annually report to the Working Group concerning the use of state and local money to address substance misuse and substance use disorders, and **section 10** requires the Working Group to study, evaluate and make recommendations concerning the use of that money. **Section 10** also requires the Working Group to submit annually a report of its recommendations to the Governor, the Attorney General, the Legislature and certain other entities.

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets [~~omitted material~~] is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 458 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 10.5, inclusive, of this act.

Secs. 2-4. (Deleted by amendment.)

Sec. 5. ***As used in sections 5 to 10.5, inclusive, of this act, unless the context otherwise requires, "Working Group" means the Statewide Substance Use Response Working Group created by section 6 of this act.***

Sec. 6. ***1. The Statewide Substance Use Response Working Group is hereby created in the Office of the Attorney General.***

2. The Working Group consists of the following members:

15B

(a) The Attorney General or his or her designee;

(b) The Director of the Department of Health and Human Services, or his or her designee;

(c) One member of the Senate who is appointed by the Senate Majority Leader;

(d) One member of the Senate who is appointed by the Senate Minority Leader;

(e) One member of the Assembly who is appointed by the Speaker of the Assembly;

(f) One member of the Assembly who is appointed by the Assembly Minority Leader; and

(g) The following members, appointed by the Attorney General:

(1) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more;

(2) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000;

(3) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000;

(4) One provider of health care with expertise in medicine for the treatment of substance use disorders;

(5) One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization;

(6) One advocate for persons who have substance use disorders and family members of such persons;

(7) One person who is in recovery from a substance use disorder;

(8) One person who provides services relating to the treatment of substance use disorders;

(9) One representative of a substance use disorder prevention coalition;

(10) One representative of a program to reduce the harm caused by substance misuse;

(11) One representative of a hospital; and

(12) One representative of a school district.

3. After the initial terms, members of the Working Group serve terms of 2 years and serve at the pleasure of the appointing authority. Members may be reappointed for additional terms of 2 years in the same manner as the original appointments.

4. If a vacancy occurs during a member's term, the appointing authority shall appoint a replacement for the remainder of the unexpired term. A vacancy must be filled in the same manner as the original appointment.

5. Members of the Working Group serve without compensation and are not entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

6. A member of the Working Group who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation to prepare for and attend meetings of the Working Group and perform any work necessary to carry out the duties of the Working Group in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the Working Group to:

(a) Make up the time he or she is absent from work to carry out his or her duties as a member of the Working Group; or

(b) Take annual leave or compensatory time for the absence.

7. As used in this section, "substance use disorder prevention coalition" means a coalition of persons and entities who possess knowledge and experience related to the prevention of substance misuse and substance use disorders in a region of this State.

Sec. 7. *1. At the first meeting of each calendar year, the Working Group shall elect from its members a Chair and a Vice Chair.*

2. The Working Group shall meet at the call of the Chair or a majority of its members.

3. A majority of the members of the Working Group constitutes a quorum for the transaction of business, and a majority of a quorum present at any meeting is sufficient for any official action taken by the Working Group.

Secs. 8 and 9. (Deleted by amendment.)

Sec. 10. *1. The Working Group shall:*

(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic

opioids and stimulants. Such strategies must include, without limitation, strategies to:

(1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;

(2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;

(3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and

(4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

(d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.

(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.

(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.

(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.

(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.

(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.

(j) Study the efficacy and expand the implementation of programs to:

(1) Educate youth and families about the effects of substance use and substance use disorders; and

(2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

(k) Recommend strategies to improve coordination between local, state and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.

(l) Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

(m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.

(n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking and sale of such substances.

(o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

(p) Evaluate the effects of substance use disorders on the economy of this State.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

(1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;

(2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;

(3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;

(4) The use of the money described in section 10.5 of this act to improve racial equity; and

(5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

2. On or before January 31 of each year, the Working Group shall:

(a) Compile a report which includes, without limitation, recommendations for the establishment, maintenance, expansion or improvement of programs to address substance misuse and substance use disorders based on the evaluations conducted pursuant to subsection 1; and

(b) Submit the report to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to:

(1) During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or

(2) During an odd-numbered year, the next regular session of the Legislature.

3. As used in this section:

(a) "Practitioner" has the meaning ascribed to it in NRS 639.0125.

(b) "Special populations" includes, without limitation:

(1) Veterans, elderly persons and youth;

(2) Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile justice systems;

(3) Pregnant women and the parents of dependent children;

(4) Lesbian, gay, bisexual, transgender and questioning persons;

(5) Intravenous drug users;

(6) Children who are involved with the child welfare system; and

(7) Other populations disproportionately impacted by substance use disorders.

(c) "Substance use disorder prevention coalition" means a coalition of persons and entities who possess knowledge and experience related to the prevention of substance misuse and substance use disorders in a region of this State.

Sec. 10.5. ***The Department of Health and Human Services shall annually submit to the Working Group a report concerning the use of:***

1. All money received by this State pursuant to any settlement entered into by the State of Nevada concerning the manufacture, distribution, sale and marketing of opioids;

2. All money recovered by this State from a judgment in a civil action by the State of Nevada concerning the manufacture, distribution, sale and marketing of opioids;

3. Any gifts, grants or donations received by the State and each political subdivision of the State for purposes relating to substance misuse and substance use disorders; and

4. All other money spent by the State and each political subdivision of the State for purposes relating to substance misuse and substance use disorders.

Secs. 11 and 12. (Deleted by amendment.)

Sec. 12.5. 1. As soon as practicable after the effective date of this act:

(a) The Senate Majority Leader, Senate Minority Leader, Speaker of the Assembly and Assembly Minority Leader shall appoint to the Working Group the members described in paragraphs (c), (d), (e) and (f), respectively, of subsection 2 of section 6 of this act to initial terms that expire on January 1, 2023.

(b) The Attorney General shall appoint to the Working Group:

(1) The members described in subparagraphs (1) to (4), inclusive, of paragraph (g) of subsection 2 of section 6 of this act to initial terms that expire on January 1, 2023; and

(2) The members described in subparagraphs (5) to (12), inclusive, of paragraph (g) of subsection 2 of section 6 of this act to initial terms that expire on January 1, 2024.

2. As used in this section, "Working Group" means the Statewide Substance Use Response Working Group created by section 6 of this act.

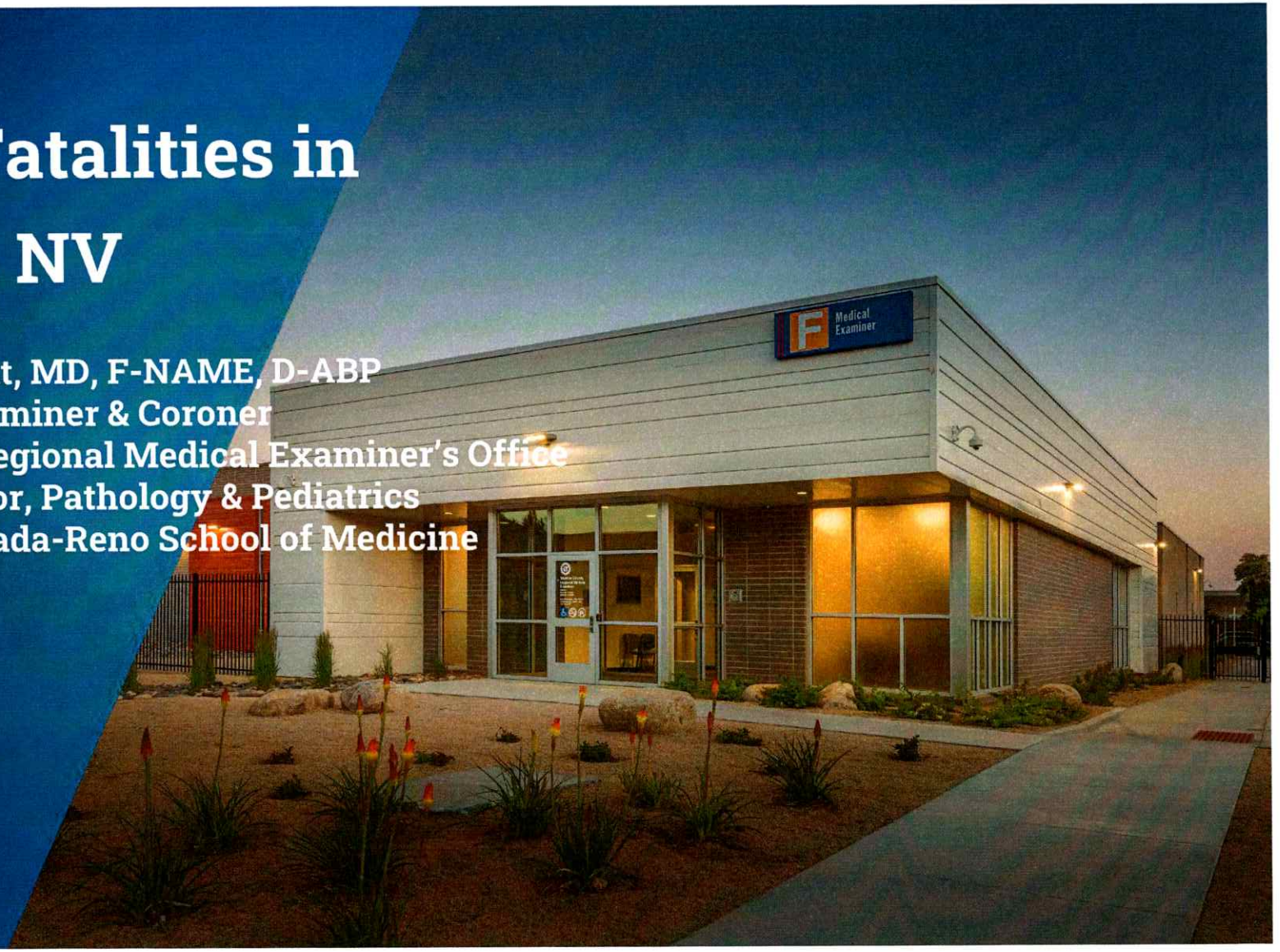
Sec. 13. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 14. This act becomes effective upon passage and approval.

Kratom Fatalities in Northern NV

Dr. Laura D. Knight, MD, F-NAME, D-ABP
Chief Medical Examiner & Coroner
Washoe County Regional Medical Examiner's Office
Associate Professor, Pathology & Pediatrics
University of Nevada-Reno School of Medicine

4/16/2026



Death Investigation in Nevada - General

- NRS Chapter 259 - Coroners - each NV county has a Coroner, which is the Sheriff unless otherwise specified in local county code
- County Codes – Washoe County and Clark County have Medical Examiner or Medical Examiner/Coroner systems
- Washoe County Regional Medical Examiner's Office (WCRMEO) performs autopsies for 19 counties in NNV and CA

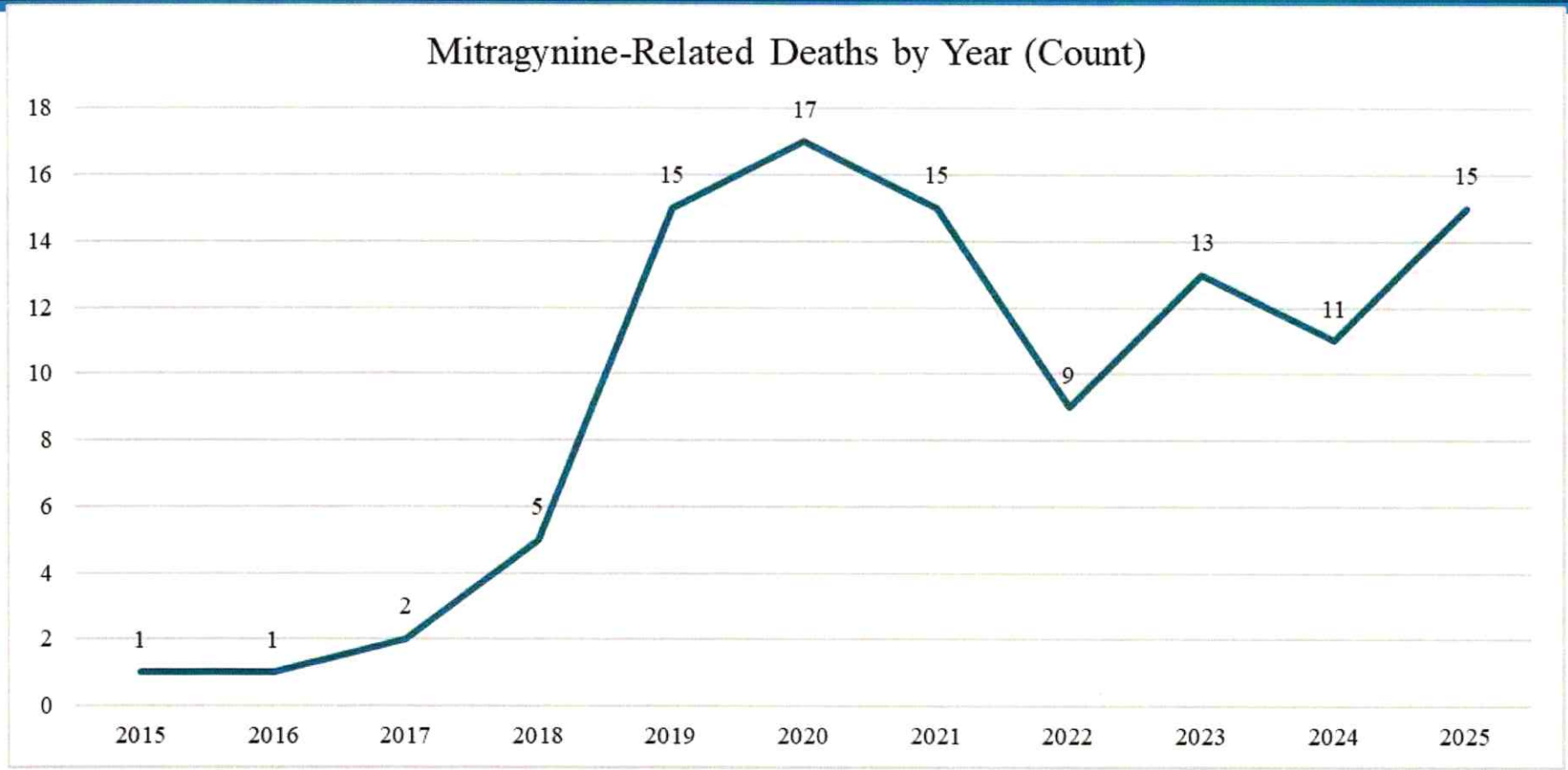
Death Investigation in Nevada – Drug Deaths

- All drug-related deaths are non-natural and fall under Medical Examiner/Coroner jurisdiction in NV
- NRS 259.050.3 - requires examination by a forensic pathologist in suspected drug-related deaths, unless hospitalized >24 hrs
- National guidelines recommend that an autopsy be performed in all drug-related deaths, unless "delayed" (prolonged hospitalization immediately prior to death) (National Association of Medical Examiners, Autopsy Standards)

Mitragynine-Related Deaths in Northern NV

- Mitragynine was first seen by the Washoe County Regional Medical Examiner's Office in 2015 with just 1 death attributed that year, but by the end of 2020 we had 41 cases total.
- We have been seeing an average of 13.6 mitragynine-related deaths annually in NNV since 2019.
- Mitragynine is frequently seen in combination with other substances in the postmortem toxicology testing in these cases.

Total* Mitragynine-Related Deaths 2015 - 2025



*Total deaths are comprised of cases from Washoe County and 18 other counties for which we provide autopsy services.

Total* Mitragynine-Related Deaths 2015 - 2025

2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
1	1	2	5	15	17	15	9	13	11	15	104

ORIGINAL ARTICLE

Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level Is Fatal?

Jessicia Schmitt, BS, Kaileigh Bingham, BS,* and Laura D. Knight, MD†*

Abstract: *Mitragyna speciosa*, commonly known as the kratom tree, has been utilized in Southeast Asia for centuries for its opioid-like effects. Kratom has been available in the United States for the past decade and has grown increasingly popular despite a lack of clinical research to determine its safety. With its widespread use, there have been an increasing number of fatalities. This study aims to establish a potential lethal range for mitragynine, the active compound in kratom, by investigating the toxicology reports of 35 deaths in Northern Nevada between 2015 and 2020. Mitragynine concentrations ranged from 8.7 to 1800 ng/mL (n = 27) in cases with drug toxicity as the cause of death; in 1 case, the sole intoxicant was mitragynine with a blood concentration of 950 ng/mL. In cases with nonmitragynine causes of death, the concentration was 110 to 980 ng/mL (n = 8). There was no statistically significant difference in blood concentrations between cases where mitragynine was not listed as a cause of death (mean, 315 ± 297.2 ng/mL) and cases in which mitragynine contributed to death (mean, 269.4 ± 382.5 ng/mL; $P < 0.201$). A literature review is also presented.

Key Words: fatalities, kratom, lethal, mitragynine, toxicity

(*Am J Forensic Med Pathol* 2021;00: 00–00)

Thousands of miles away from Reno, Nevada, in Southeast Asia, grows a tropical tree, *Mitragyna speciosa*, commonly referred to as the kratom tree. The leaves of the kratom tree have been utilized for centuries, both medicinally and recreationally, for their opioid-like effects at higher doses and stimulant-like ef-

metabolism to many active metabolites, there is a lack of research regarding the specific percentages of kratom and its active metabolic derivatives.

Kratom has grown in popularity in this nation because of the ease of access. Kratom is legal in all but 6 states and can be easily obtained from the internet and in local convenience stores across the country.[5] According to the Drug Enforcement Administration, as of April 2020, kratom is not regulated under the Controlled Substances Act and has not been approved by the US Food and Drug Administration for medical use.[6] The number of phone calls placed to the US Poison Control Center for kratom exposure increased 10-fold between 2010 and 2015.[7] As of 2021, it has been estimated that 0.8% (2,031,803) of adults in the United States have used kratom within the last year.[8] In the past decade, particularly in the past 5 years, its usage has only continued to increase, leaving behind a string of associated fatalities. This study examines postmortem blood levels of mitragynine in 35 deaths in Northern Nevada from 2015 to 2020 in which mitragynine was detected on toxicological analysis. A review of the literature is also presented.

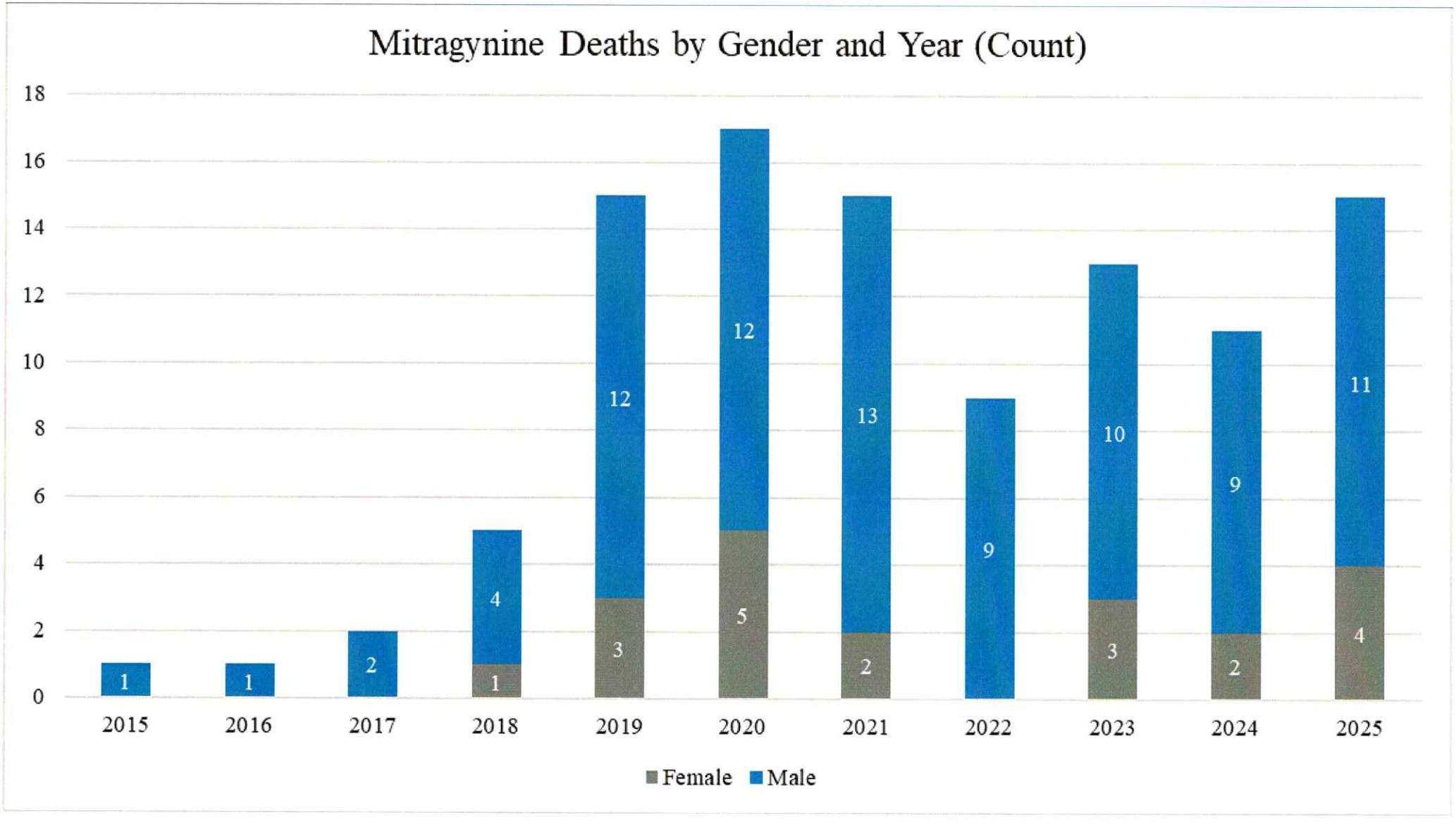
MATERIALS AND METHODS

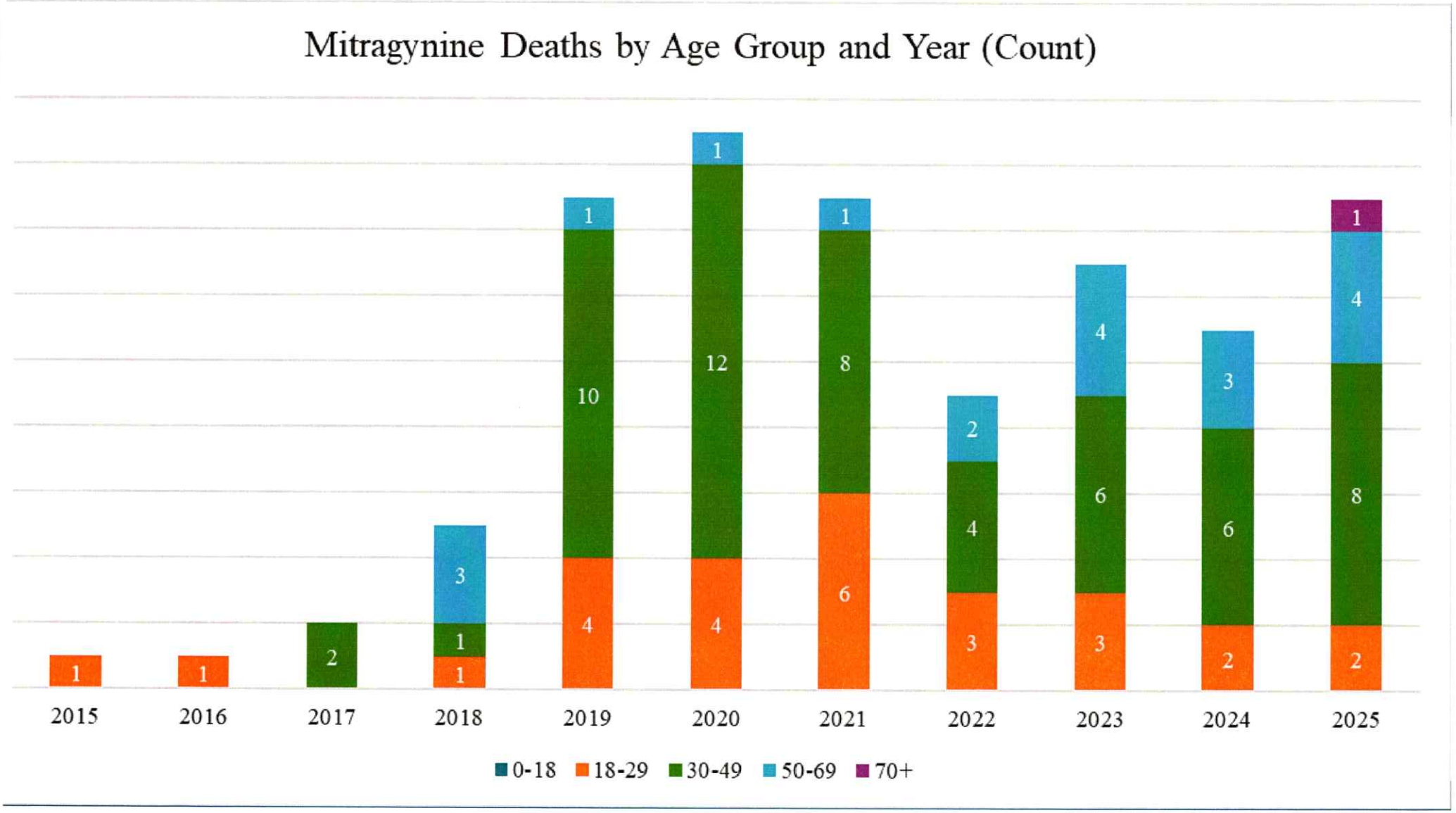
A retrospective review of cases with quantitated mitragynine blood levels, with statistical analysis and comparison to prior published drug levels, was conducted. Research was done at the Washoe County Regional Medical Examiner's Office in Reno,

- Published first 35 deaths (2015-2020) in 2021 in the "American Journal of Forensic Medicine and Pathology"

Schmitt JS, Bingham K, Knight LD. Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level is Fatal? *American Journal of Forensic Medicine & Pathology.* December 2021. 42(4):341-349.

Characteristics of Mitragynine-Related Deaths in NNV

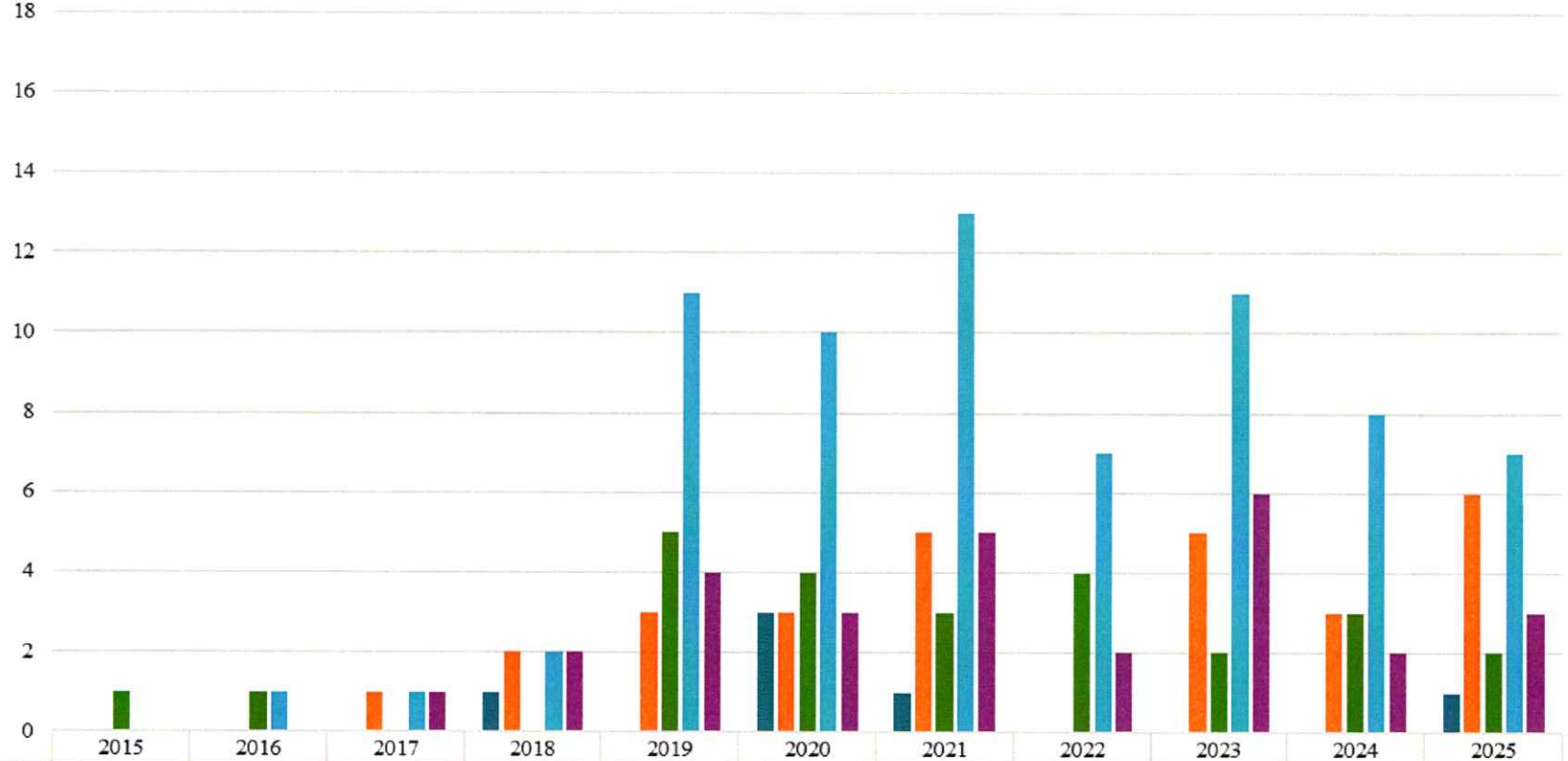

Mitragynine Deaths by Gender and Year (Count)
18
16
14
12
10
8
6
4
2
0
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
1
1
2
4
1
12
3
12
5
13
2
9
10
3
9
2
11
4
Female
Male


Mitragynine Deaths by Age Group and Year (Count)
1
1
2
1
3
1
4
10
1
4
12
1
1
6
8
1
3
4
2
3
6
4
2
6
3
2
8
4
1
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
0-18
18-29
30-49
50-69
70+

Toxicology of Mitragynine-Related Deaths in NNV

- Mitragynine frequently used in combination with illicit drugs, prescription medications, OTC drugs or alcohol
- Commonly seen in combination with other opioids and depressants (alcohol, benzodiazepines), as well as illicit stimulants
- 7-hydroxymitragynine (7-OH) emerging as a separately abused compound in rare cases so far; commonly seen at low levels as a metabolite of mitragynine
  - 7-OH has more potency than mitragynine, stronger mu opioid receptor effects, increased risk of respiratory depression and death when used as a drug itself

Common Substances Seen in Combination in Mitragynine-Related Deaths



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Mitragynine Alone	0	0	0	1	0	3	1	0	0	0	1
Alcohol	0	0	1	2	3	3	5	0	5	3	6
Benzodiazepines	1	1	0	0	5	4	3	4	2	3	2
Other Opioid	0	1	1	2	11	10	13	7	11	8	7
Stimulant	0	0	1	2	4	3	5	2	6	2	3

Challenges

- Postmortem toxicology testing for metabolites and derivatives of mitragynine very limited until recently
  - Research laboratory collaboration, to acquire needed testing
- NMS Laboratories announced postmortem testing panel including 7-hydroxy mitragynine and mitragynine pseudoindoxyl earlier this year

Challenges

- 7-hydroxymitragynine being sold on its own now (gas stations; nickname "legal morphine")
  - Very different than leaf kratom; concentrated, single alkaloid with greater potency
- Newer derivatives:
  - 1,2-dihydro derivative of 7-hydroxymitragynine (MGM-15)* – more potent
    - Sold in U.S. as "research chemical" in tablet form
  - 9-fluoro derivative (MGM-16) – 240x more potent than morphine

*A.Gour, S.Mukhopadhyay, A.Henderson, et al., "From Kratom to Semi-Synthetic Opioids: The Rise and Risks of MGM-15," Drug Testing and Analysis. vol 17, no. 12 (2025): 2384–2389, https://doi.org/10.1002/dta.3952.

In Summary

- Over 100 deaths attributed to mitragynine (alone or in combination with other substances) in the 11 years that we have been seeing mitragynine in Northern NV Medical Examiner cases
  - 15 cases in 2025
- Known derivatives of the mitragynine alkaloid have increased opioid potency, and even more danger of death with unregulated use

Comment to The Nevada Board of Pharmacy
April 16, 2026

WORKSHOP Thursday, April 16, 2026 – 9:00 am

15. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)

B. Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding mitragynine, 7-hydroxymitragynine and mitragynine pseudoindoxyl to the controlled substances listed in Schedule I.

Comment by Jack E. Henningfield, PhD,

Vice President, Research, Health Policy, and Abuse Liability, PinneyAssociates, and Adjunct Professor of Psychiatry and Behavioral Sciences, Part-time, Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine
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My core position 1: I support adding 7-hydroxymitragynine (7-OH) and mitragynine pseudoindoxyl (MP) to the Nevada controlled substances listed in Schedule I.

Core rationale: As discussed in my comment and supplemental materials: both 7-OH and MP are synthetic derivatives of kratom's naturally occurring mitragynine. Although the evidence is stronger for 7-OH, than MP, both have sufficient opioid pharmacology and public health risks to warrant scheduling. Furthermore, both are misleadingly marketed as kratom, posing serious risks to kratom consumers and misleading attributions of heath events because consumers may not understand the distinction between 7-OH or MP or that their kratom contained 7-OH or MP. Furthermore, 7-OH and MP are rarely assayed in cases in which mitragynine was assayed.

Core position 2: I oppose adding mitragynine to controlled substances listed in Schedule I.

Core rationale: Mitragynine appears the most important single alkaloid to address the health and wellbeing related reasons for kratom use. As discussed in my comments and supplemental materials, and found by DEA, FDA, NIDA, DHHS, and the WHO, kratom does not warrant CSA scheduling, and it is in the public health interest to not remove kratom from consumer access. However, regulatory oversight is needed. Nevada was one of the first states to pass a kratom consumer regulatory protection in a 2019 law. This law may need to be better enforced because it was intended, in part, to prohibit adulteration kratom products with harmful substances.

Additional background and rationale for comments

I am Jack E. Henningfield from Baltimore, Maryland.
I am Vice president, Research, Health Policy, and Abuse Liability, PinneyAssociates, a position I have held since 1996.
I am also Adjunct Professor of Psychiatry and Behavioral Sciences, Part-time, Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine. I received my faculty appointment in 1978 with an initial focus on investigating the pharmacology and abuse potential of nicotine and cigarettes but explored alcohol, cannabinoids, opioids, sedatives, stimulants and morel.

I have been involved in abuse potential assessment research since 1971, when I was hired as research assistant as a sophomore at the University of Minnesota in what was then one of the nation's lead preclinical behavioral neuroscience research and training programs. Note that this was just after passage of the Controlled Substances Act (CSA) which increased the need for such research and training.

After graduating with a BA, *summa cum laude,* in Psychology in 1974, I was awarded a US Public Health Service Staff Fellowship in what was then named the Psychopharmacology Training Program at the University of Minnesota (later changed to "Behavioral Neuropharmacology). I received a PhD in a combined experimental psychology and pharmacology program in 1977. The program included drug regulatory policy, addiction science, and public health, all of which come together in CSA 8 factor analyses.

I was hired as a staff fellow at the National Institute on Drug Abuse (NIDA) Intramural Research Program in 1980, then Pharmacologist, in 1980. My initial focus was on buprenorphine development and abuse potential assessment and to determine if nicotine met criteria as a controlled substance, and cigarette smoking as an addiction. This was in part to determine if cigarettes should carry an addiction warning and not for scheduling considerations because tobacco products were and remain exempt from CSA scheduling.

In 1985, NIDA was granted official authority to provide scientific input to FDA's CSA scheduling recommendations to the Secretary of Health who transmits them to the Department of Justice, DEA. As part of its obligation, NIDA established the Biology of Dependence and Abuse Potential Section, within the Clinical Pharmacology Branch of the Intramural Research Program. I was the inaugural Chief of that section and remained so until I left NIDA in 1996. I also came to serve as Chief of the Clinical Pharmacology Branch. My duties included conducting abuse potential studies, clinical studies in my own Section and Branch, as well as collaborations with the preclinical, neuroscience and treatment branches on abuse potential assessment, addiction treatment development, and advising FDA and DEA on CSA scheduling recommendations. We evaluated dozens of substances and drug products including cannabis, crack cocaine, opioids, sedatives, stimulants, and many other drugs that were explored and some approved for addiction treatment including buprenorphine, naltrexone, and various nicotine replacement therapies.

Since the 1980s my work has included abuse potential assessment methods development and contributing to review and guidance monographs by NIDA, and later FDA, and that continues to this day. This is shown in my vita, in which approximately two thirds of my more than 500 publications, monographs and reports by US agencies and the World Health Organization address abuse potential methods and findings.

At Pinney Associates, much of my work is similar to my duties at NIDA. I lead our experts, both internal and often with input from specialty external experts on contract with Pinney Associates to guide the assessment of abuse potential of substances and new CNS active drugs for abuse potential during drug development. Typically with meetings during development with FDA Controlled Substance Staff experts and then the 8-Factor Analysis (8FA) and overall abuse potential assessment CSA scheduling recommendation that must be included with most New Drug Applications for drugs with potential CNS activity. This has included dozens of potential and many new drugs approved by FDA.

For more than a decade, my work at Pinney Associates, often in collaboration with colleagues at Johns Hopkins, the University of Florida, and other institutions has included kratom, resulting in more than 20 reports and publications, including a recent state of the science book on kratom. As

is typical of those who actively publish, much of my kratom research publication efforts are on my own time. My kratom reports include 8 factor assessments of kratom and 7-hydroxymitragynine (7-OH) for submission to DEA, FDA and NIDA, as well as two shorter review style version as peer-reviewed publications. I also developed and published an FDA model study comparing mitragynine to oxycodone on respiratory blood gas parameters and other safety measures which showed little effect of any dose of mitragynine on any blood gas measure, whereas oxycodone produced expected respiratory depression and deaths.

Some of my Pinney Associates work is to advise sponsors developing potential kratom related new drugs and/or New Dietary Ingredient Notifications for various kratom products. It has also included advising the American Kratom Association which is paying for my time and expenses for attending this meeting through a contract with Pinney Associates to advise on kratom science and regulation. However my opinions are mine and based on my experience. To be blunt, I and my Pinney Associates colleagues advise the AKA on kratom science and regulatory matters; AKA does not advise Pinney Associates.

Because my abuse potential assessments are typically submitted to FDA, as part of New Drug Applications and thus will likely be reviewed by NIDA and DEA, the standards for diligent and rigorous evaluation are very high because we know that the diverse and experienced staff of those organizations will evaluate them closely. That includes my kratom 8FAsand more recently my 7-OH focused 8FA submitted to DEA, FDA and NIDA in September 2025.

My opinions and recommendations related to kratom abuse potential (specifically including mitragynine, 7-OH and MP) are also supported by the 7-OH 8FA that is online at https://www.pinneyassociates.com/the-abuse-potential-of-7-hydroxymitragynine-7-oh-according-to-the-8-factors-of-the-controlled-substances-act-2/ (or simply use your browser to search 'Pinney Associates 7OH 8 Factor Analysis). For convenience it includes the FDA 7-OH kratom science evaluation and other materials as well as the transcript of the FDA and Department of Health and Human Services press conference on 7-OH on July 29, 2025, are included in the appendix of my report.

I am also providing the Board of Pharmacy with printed copies of the summary and overview introductory chapter of my new book, Kratom: History, Science and Therapeutic Potential. The book includes reviews by several of the world's leaders in kratom pharmacology, toxicology, epidemiology, regulation and medicinal development. It includes a summary of the history of DEA, FDA, and NIDA' efforts related to kratom science and potential CSA scheduling, as well as 7-OH and why the three agencies now seem to be in alignment that whereas kratom should remain legal, 7-OH warrants CSA scheduling – though DEA has not yet acted on the FDA/NIDA/DHHS recommendation to schedule kratom I expect that it eventually will do so.

Additional conclusions and recommendations for the Board of Pharmacy are as follows:

1. Neither kratom, nor is most its most abundant alkaloid mitragynine, meet criteria for Controlled Substances Act scheduling. This has been considered and rejected by DEA and the US Department of Health and Human services, as well as the World Health Organization Expert Committee on Drug Dependence, and my former institute, NIDA.

2. Scheduling kratom or mitragynine would be contrary to public health and carries the risk of driving some fraction of kratom consumers to deadly opioids as suggested by kratom consumer surveys and studies by NIDA, and concluded by the Assistant Secretary of Health, Admiral Brett Giroir, in his 2018 evaluation and determination that was summarized in the Department's recission of FDA's 2017 recommendation for DEA to schedule kratom. The WHO Expert Committee on Drug Dependence came to similar conclusions as the Assistant Secretary in its 2021 review as to whether kratom should be controlled internationally.

3. I agree with the July 2025 analysis and recommendations of the FDA Commissioner and Secretary of Health who presented their conclusions that mitragynine metabolite, 7-hydroxymitragynine, (7-OH) does warrant CSA scheduling.

4. Although, kratom is not approved for therapeutic use by FDA (if so, it would no longer be a dietary supplement) I agree with FDA and NIDA that many people report that their use of kratom

is for a variety of health and well-being issues, and that this is primarily by adults in the US. To reinforce this point in their July press conference on 7-OH, they included a chronic pain patient who summarized her decade of kratom use that she found to be more effective and tolerable than other treatments in getting her life back. They included her to make the point that though kratom is not approved as a drug by FDA, it has long been used by millions of people in the United States for self-management of pain, substance use disorders, as well as in place of coffee for many people for its effects that contribute to their occupational and other cognitive demanding activities. As stated by FDA Commissioner Dr. Makary in his letter to colleagues that was released in July and that some members of the Board of Pharmacy may have received. 'Our focus is not kratom but rather is on 7-OH' and he noted that 'there is a world of difference between kratom and 7-OH' [as pertains to safety and addiction risks].
As I mentioned earlier, my online 7-OH 8Factor Analysis includes the materials that DHHS released on July 29 including a transcript of the press conference.

5. Furthermore, it is important to consider that not only do 7-OH and MP warrant scheduling, I, and many other experts, agree that it is likely that increasing reports of adverse effects by kratom consumers over the past few years are likely contributed to by products thought to be kratom by consumers that were actually spiked with 7-OH, as well as highly concentrated 7-OH products that do not contain natural kratom at all but which are essentially masquerading as kratom in how they are marketed and labeled.

6. It is in the public health interest to maintain access to natural kratom products and extracts but with kratom consumer protection act oversight that is more actively enforced than may presently be the case in Nevada which passed such a law in 2019.

7. From a public health policy perspective related to current 7-OH consumers, I note, as discussed in Section 9 of the 7-OH 8FA that I developed, includes a discussion of the findings that there are people who have reported in studies funded by NIDA and our own online assessment, who have found that 7-OH is more effective in relief of chronic pain and self-management of opioid and other substance use disorders than kratom, buprenorphine, and other treatments. This is not surprising as there is no "one-size-fits-all" for people with such conditions.

8. Thus, if 7-OH is scheduled, my report urged that whereas retail sales and distribution must cease, consumers who have found it helpful to manage addiction, pain and other conditions should be given time and assistance to transition to other treatments, and not criminal incarceration. This would be in their own health interests, as well as to mitigate the likely emergence of an unregulatable illicit 7-OH market that will likely emerge.

Thank you for the opportunity to comment. I'm happy to help as I can, including providing published research on all the topics that I have addressed and other questions relevant to your deliberations. I am happy to provide you with any of the likely more 500 kratom articles cited in the kratom book and the 7-OH 8FA as well as from Pinney Associates kratom science library of more than 1100 articles.

KRATOM

History, Science, and Therapeutic Potential

Edited by
Jack E. Henningfield, Chad E. Beyer,
and Robert B. Raffa

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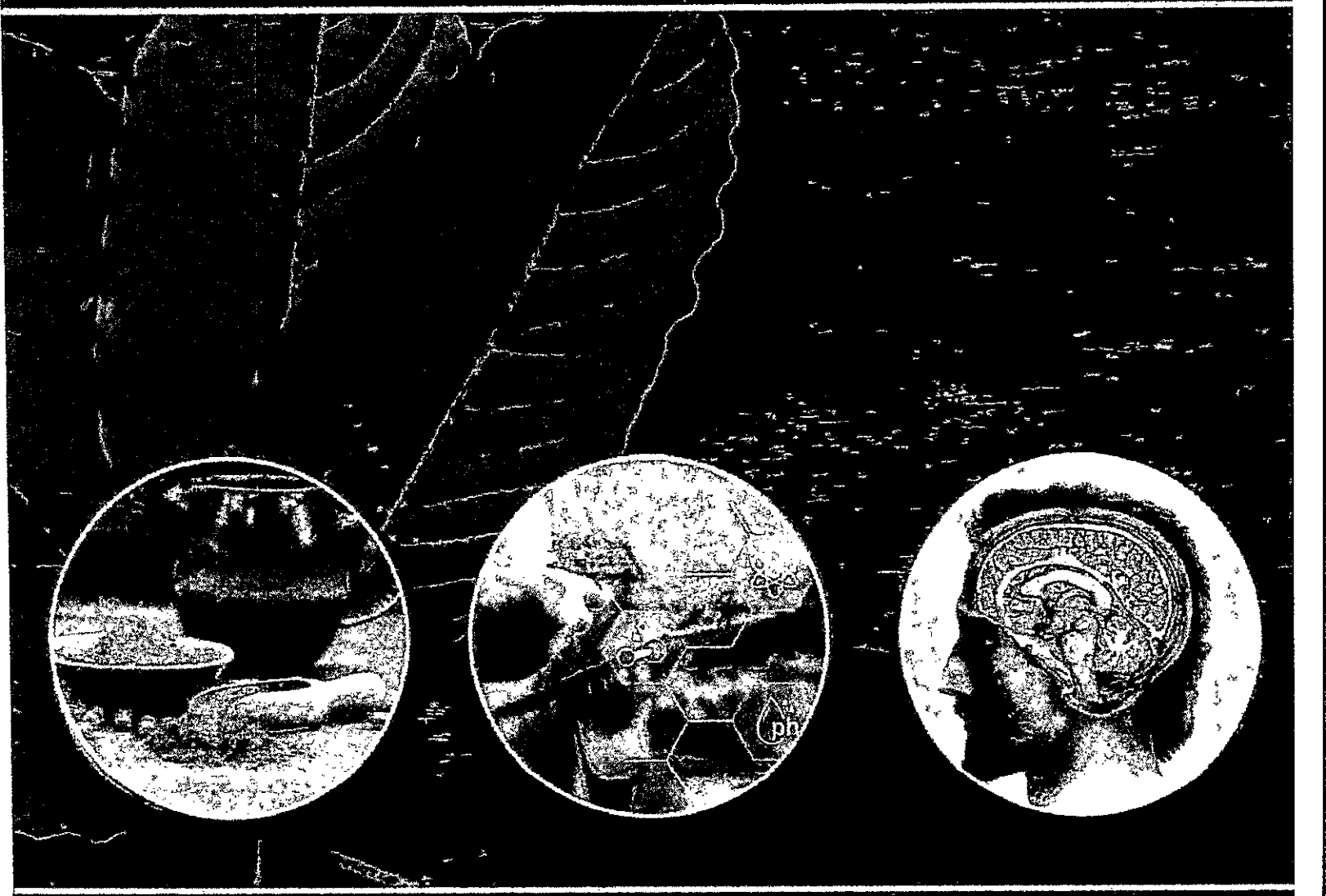

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KRATOM

HISTORY, SCIENCE, AND THERAPEUTIC POTENTIAL

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Introduction

Jack E. Henningfield, Chad E. Beyer, and Robert B. Raffa

Kratom: History, Science and Therapeutic Potential is a state-of-the-science update chronicling a decade of progress by leading kratom researchers and others interested in this fascinating substance. Why the great increase in interest? Because it has come—or likely is soon coming—to your practice, to your neighborhood, or to someone in your family. Are you prepared?

We brought together an esteemed group of recognized experts to assist in your search for helpful information for your professional or personal life by providing the most recent comprehensive and informative material on kratom and its science currently available. This book updates the seminal 2014 book *Kratom and Other Mitragynines: The Chemistry and Pharmacology of Opioids from a Non-Opium Source* [1]. For many scientists who were then new to kratom research, as well as clinicians and kratom consumers who were interested in gaining a deeper understanding of kratom science, safety, and potential therapeutic uses, the previous book provided an initial one-stop treasure trove of data and perspective. It was also an inspiration for further research as it identified as many gaps in knowledge as it answered questions. The goal of our new kratom book is to do the same, building on a remarkable decade of advances in the understanding of kratom's many active constituents, its diverse potential therapeutic uses, along with new perspectives on kratom safety and risks.

A noteworthy strength of the previous book was its inclusion of articles by, and reference to, decades of earlier research by researchers in Japan and Southeast Asia, who had been exploring kratom pharmacology, traditional medicinal use, and safety. Although kratom research outside of Japan and Southeast Asia was still in its infancy, the research brought together in that book made clear that the plant was widely used for diverse benefits including health and well-being and occupational performance with little evidence of life-threatening risk, and that kratom was rich in constituents with potential medicinal promise. In addition to the US-based funding for kratom research by the US National Institute on Drug Abuse (NIDA), researchers at the Centre for Drug Research (CDR), Universiti Sains Malaysia, and other institutions who were represented in kratom and other mitragynines (e.g., [2,3]). Among the findings that gave a heightened level of interest and public health significance for many of these researchers was that, for some individuals, kratom served as a crucial alternative to opioids and other deadly drugs, as well as an informal treatment for other disorders including chronic pain and mood disorders.[1]

About the time of the publication of the previous book, the US Drug Enforcement

[1]In addition to research publications documenting beneficial use by many people (e.g., Ref. [4]) were more than 20,000 comments to DEA with many describing beneficial use, some of which were summarized by Henningfield and Fant [5].

Administration (US DEA), Food and Drug Administration (FDA), and NIDA were turning increasing attention to kratom. Suddenly, the plant became highly controversial with the FDA urging that the DEA and states should classify kratom as a Schedule I narcotic-like drug, effectively banning its sale and possession. Subsequently, six states placed two kratom alkaloids (mitragynine and 7-hydroxymitragynine) in their states' Controlled Substance Acts under Schedule I. In 2016 DEA proposed Schedule I placement in the US Controlled Substances Act [6]. In contrast, NIDA supported research that included exploration of whether kratom derivatives might provide new medicines for pain and other disorders that were safer and less addictive than opioids; NIDA was not encouraging a Schedule I ban.

Neither botanical kratom or its extracts, nor kratom's primary alkaloid mitragynine, are considered opioids by botanical origin, chemical structure, or overall pharmacology, as discussed in several chapters in this book. A metabolite of mitragynine that is present at very low levels in some kratom leaf material and marketed kratom products, 7-hydroxymitragynine (also referred to as 7OHMG or 7OH), appears to have sufficient morphine-like opioid activity and health risks to warrant potential placement in Schedule I of the US Controlled Substances Act. The FDA came to this determination based on recent science addressed in several chapters of this book as well as evidence that at least the intravenous form can produce morphine like respiratory depression in animals, whereas mitragynine did not as discussed in FDA's media release and website that included its supporting scientific analysis on July 29, 2025 (FDA, 2025). The FDA made clear that its major concern and focus is not kratom that may contain low levels of 7OH but rather on concentrated 7OH products with high levels of 7OH. The authors agree with the FDA's overall determination and believe that this book will help researchers, health professionals, and others understand the scientific basis for this finding, as well as the importance of regulatory oversight of kratom to ensure that standards are in place so that 7OH levels in marketed products remain very low, as required in many states where kratom is regulated.[2] (accessed August 25, 2025)

Although the previous book described some of the opioid effects of kratom, it also made clear that widespread use in Southeast Asia revealed little evidence of serious harm and that kratom science was in its infancy. Many scientists and kratom consumers agreed, opposing the Schedule I placement, citing the lack of clear evidence that kratom posed a national drug threat, and in contrast, ample evidence that some people were using kratom as a path away from opioids. These comments and DEA's own determination that many kratom users were using kratom to abstain from deadly opioids led the DEA to withdraw its scheduling proposal [5,7]. NIDA, in turn, rapidly increased kratom research support to address many of the gaps in knowledge made clear in the previous book.

NIDA's expanding research support contributed to the need for the present book because it enabled the dramatic escalation in kratom research and scientific knowledge as shown in Fig. 1, with publications reported by NIH PubMed increasing from less than 20 per year

[2]United States Department of Health and Human Services, Food and Drug Administration. FDA Takes Steps to Restrict 7-OH Opioid Products Threatening American Consumers – Agency alerts health care professionals and consumers of 7-hydroxymitragynine risks. FDA News release, supporting scientific analysis and Dear Colleagues warning letter to health professionals available at https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers.

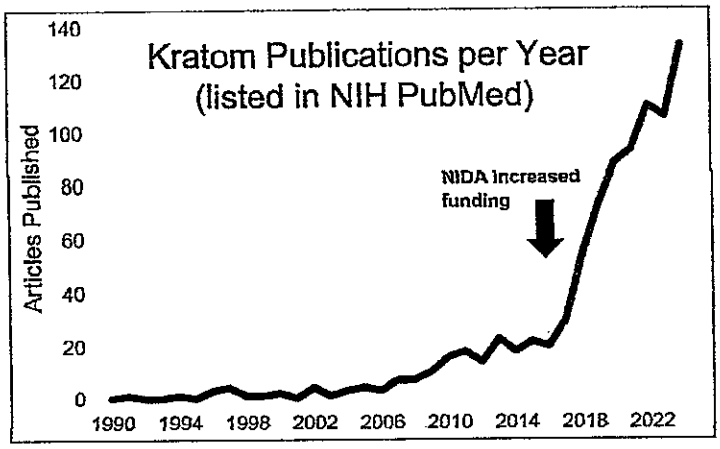

FIGURE 1 Annual scientific publication listed by PubMed, which is maintained by the US National Center for Biotechnology Information (NCBI), at the National Library of Medicine (NLM), and located at the National Institutes of Health (NIH). The search parameters were "kratom" or "ketum" or "mitragynine" or "mitragyna speciosa" or "7-Hydroxymitragynine" or "7-OH-mitragynine" or "7OHMG" or "7-OH-MG" for the dates of 1/1/1990 to 12/31/2024.

in 2016 to more than 130 per year by 2024. We expect that the acceleration in research will continue for some years to come addressing the apparent diverse potential health and medicinal applications of kratom, its constituent alkaloids. We make no claim that the kratom research programs were precipitated by the 2014 publication of *Kratom and Other Mitragynines*, but our own experience and discussions with other researchers, clinicians, and consumers at the time make clear that it was highly valued and useful for at least several years. We anticipate the same for the present book.

Today, we better understand that kratom not as an opioid but as a collection of substances exhibiting diverse effects and mechanisms of action, some of which include opioid receptor-mediated effects as partial agonists and antagonists and with nonopioid effects as characterized by NIDA [5].[3] NIDA's characterization is consistent with the fact that kratom and its alkaloids are not opioids by botanical origin, chemical structure, or overall pharmacological profile and are thus not listed as opioids in the 1970 Controlled Substances Act or the 1961 International Single Drug Convention, both of which define opioids and into which kratom and its alkaloids would be placed if it met their criteria [8,9,10].

Overview of *Kratom: History, Science and Therapeutic Potential*

Each topic addressed in *Kratom: History, Science and Therapeutic Potential* is reviewed by leading experts with the goals of including the latest thinking based on the state of the science, regulation, and new product development issues. Table 1 lists the authors and chapter titles.

Kratom botany, chemistry, and basic pharmacology

Kratom botany and naturally occurring alkaloids of the leaves of *Mitragyna speciosa*

[3]NIDA's 2016 Kratom Drug Facts website (not presently online but cited in Henningfield and Fant [5] described the diverse effects of kratom related to the diversity of mechanisms of action of its multiple alkaloids.

TABLE 1 *Chapter* authors and titles.

Chapter 1	Nadakuduti, S. S., Zhang, M., Laforest, L., & Pearson, B.—Botany, geographical distribution, and phytochemistry of *Mitragyna speciosa* (Korth.) and related species
Chapter 2	Karunakaran, T., Marimuthu, Y., Vicknasingam, B., & Chawarski, M. C.—The scientific evolution of kratom: A historical overview
Chapter 3	Swogger, M. T., Smith, K. E., Torrice, T., & Grundmann, O.—Kratom use: a review of patterns and motivations
Chapter 4	Gundeti, M., McCurdy, C. R., & Sharma, A.—Chemistry and metabolites: ADME
Chapter 5	Smith, K. E., Singh, D., & Grundmann, O.—Kratom-related physical dependence and addiction
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Chapter 12	Beyer, C. E.—Kratom entrepreneurship: Exploiting the commercial potential of kratom and its active alkaloids
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Chapter 14	Shade, S.—Medical marijuana as a template for kratom

Korth, generally referred to as kratom, are addressed by Dr. Nadakuduti et al. [11] As discussed in this chapter, *Mitragyna speciosa* Korth (*M. speciosa*), hereafter referred to as kratom, belongs to the Rubiacae family that also includes the coffee tree. Kratom is a tropical evergreen tree native to the Southeast Asia region including Indonesia, Malaysia, and the Philippines, where it thrives in wet marshy areas near the equator. The specific geographical location and habitat can affect the growth and alkaloidal constituent levels in the leaves. Thus, for example, the concentrations and total content of mitragynine can vary widely across kratom leaves within a single tree and as a function of where it grew and regional environmental factors that can affect growth and alkaloids across years. All of these conditions can affect the potential of a given kratom harvest to provide the effects historically sought by kratom consumers as discussed by Dr. Nadakuduti et al.

The chapter by Dr. Gundeti et al. [12] reviews the chemistry of kratom-related alkaloids including those occurring naturally in kratom leaves (e.g., mitragynine) and those that may occur in the body as metabolites of mitragynine (e.g., 7-hydroxymitragynine). As the authors discuss, the effects of kratom are complexly mediated by the interactions of kratom's diverse constituents and others that emerge following consumption by metabolism, and still others that may occur in the leaves postharvest by various environmental sources of enzymes. Their concept of kratom pharmacology as analogous to a musical symphony in which the totality of the expression results and is modulated by diverse kratom-associated alkaloids is important to keep

in mind when considering the wide variation of potential effects and benefits that have been reported.

As is the case with many other pharmacologically active substances with potential central nervous system effects, the observed effects depend substantially on the amount or "dose" ingested, the time since ingestion occurred (i.e., the pharmacokinetics and pharmacodynamics), and the organ system or behavior evaluated. With these concepts in mind, it is easier to understand the diversity of kratom's effects and that depending on these factors and individual differences, the effects may include both relaxing and insomnia-relieving effects as well as energizing and mental focus-enhancing effects, and a variety of other effects. These concepts also have implications for the development of kratom-based dietary supplements, pharmaceuticals based on isolated kratom alkaloids and synthetic analogs of kratom alkaloids, and regulatory standards for kratom product contents, information, and warnings as discussed in other chapters.

Characterization of kratom's reasons for use, including therapeutic and for general well-being

In addition to the overview of kratom botany and some of its historical uses by Dr. Nadakuduti et al., four other chapters review the recent and rapidly increasing evolution in the scientific understanding of kratom patterns of use, benefits, safety, and the controversial topic of kratom's potential both to produce addiction in its own right as well as its widespread use to treat addiction and withdrawal to substances that carry greater risks of overdose and harm to individuals and society, a category of therapeutic or at least potentially beneficial use often referred to as "harm reduction" [4].

Dr. Karunakaran et al. [15] provide additional perspectives about the long and rich history of traditional beneficial and therapeutic uses that includes its consumption to meet the demands of occupational and familial obligations due to its stimulant effects and relief from pain associated with some occupations and injury. Some effects of kratom have been referred to as "instrumental" effects due to its diverse and functionally beneficial uses in meeting occupational, family, and other personal and societal demands. They also discuss field studies data, clinical studies, and preclinical (animal) studies that help understand the pharmacological basis for the benefits reported for kratom.

The behavioral and mental health effects, including self-management of depression, anxiety, posttraumatic stress disorder, and addiction management use of kratom worldwide, which were earlier reviewed by Drs. Swogger and Walsh in 2018 [16] and the 2017 Grundmann survey, suggested similarities in reasons for kratom use in Southeast Asia as documented in the previous book [1]. In this book, Dr. Swogger et al. [17] provide an update on these earlier findings drawing on considerable research available since 2017 that includes many more surveys and other methodologies.

[4]Note that the United States generally takes a narrow view of therapeutic use in which the statutory criteria of Commonly Accepted Medical Use (CAMU) has been operationally defined by the FDA as "FDA approved" even though the US Food Drug and Cosmetic Act (FD&C) does not require FDA approval to define CAMU as discussed in the 2024 US Department of Health and Human Services analysis of potential therapeutic use of marijuana, which included the following conclusion "an evaluation of available credible scientific support described herein for at least some therapeutic uses identified in the Part 1 test, we find that, for purposes of the drug scheduling criteria in 21 U.S.C. 812(b), marijuana has a currently accepted medical use in the United States" [13]. p. 7). The DHHS CAMU determination, in turn enabled it to develop an 8-factor analysis and recommendation to the DEA to remove marijuana from Schedule I and place it in Schedule III [14].

Taken together, these data support the conclusions that much, if not most, kratom use is motivated by efforts to self-manage health issues and various medical disorders, along with use to improve well-being and responsible individual and societal behaviors.

It is also evident that some people consume kratom both for individual health reasons as well as for pleasure and general well-being, and in social situations. In this respect, much kratom consumption appears analogous to caffeinated beverage consumption with relatively little association with individual or societal harms. This contrasts with alcohol, opioids, and methamphetamine and cocaine-type stimulants, which carry substantial risks of use to excess with frequent serious individual and societal harms.

Although kratom is not approved for therapeutic use as a medicine by the US FDA or any other major medications regulatory agencies worldwide, its traditional medicine and therapeutic use was recognized by the World Health Organization Expert Committee on Drug Dependence in their 2021 review [18] and personal use for therapeutic benefits are widespread as described in the chapters mentioned above. In this context, therapeutic uses, whether informal and personal, or as recommended and employed by traditional health and medicine practitioners, are reviewed by Dr. Harun et al. [19]. As they discuss, for many people, kratom is a preferred therapeutic substance for a broad range of medical disorders and health-related benefits, including pain and addiction management. These findings provide the basis for research that is investigating potential development of medicines based on or derived from kratom alkaloids for potential eventual submission to the FDA and other medicine regulatory agencies.

Among the most controversial aspects of kratom are the risks associated with or referred to as addiction and withdrawal, which have been documented to occur in some fraction of kratom consumers as discussed in the chapters mentioned above. This includes historical reports and more recent evidence from Southeast Asia studies and US studies, that many kratom consumers report daily use and some people report that they are "addicted" and experience withdrawal symptoms within a day or two without kratom consumption. Adding to the controversy and disagreements over how kratom should be regulated are the increasingly replicated surveys and reports that a prominent reported reason for and benefit of kratom use is to self-manage opioid use disorder and substance use disorders and withdrawal from physically addicting recreational substances including alcohol, opioids, and amphetamine and cocaine.

Several scientific studies addressing these kratom-related addiction and withdrawal risks have been conducted in the United States with NIDA support, largely since about 2020 as reviewed and discussed by Dr. Smith et al. [20,21]. These studies combine traditional survey techniques as well as state-of-the-art electronic ecological momentary assessment to enable kratom consumers to report their patterns of use and effects in real time in their real-world environments. Some kratom consumers have also been evaluated in various clinical studies to evaluate kratom effects and determine their blood levels of various kratom constituents and metabolites. As discussed by Dr. Smith et al., these studies support earlier reports that people who use kratom for longer periods of time and multiple times per day are more likely to display symptoms of substance used disorders and withdrawal. As she discusses, although all substance use and withdrawal disorders can vary from mild to severe and impairment, kratom use disorder and withdrawal are generally lower in severity, less hazardous, and less likely to cause social/interpersonal problems, neglect major

responsibilities, as compared with opioid, stimulant, and alcohol use disorders.

Regulatory and policy needs

It would seem self-evident that a substance that is consumed by at least several million people in the United States and likely hundreds of millions worldwide, mostly as a legally available substance, should have some cohesive regulatory policy; however, current approaches to regulating kratom purity and safety measures are still evolving, having only emerged in the past few years the United States and are just beginning in Thailand and some other countries. Several countries and six states in the United States had banned kratom sales; however, such bans have not prevented kratom use and more importantly they have not provided a foundation for regulatory oversight and product safety that people consume. In recognition of the fact that millions of people in the United States use kratom mostly for health-related reasons and that banning kratom would risk potentially thousands of overdose deaths in people who might resume opioid use, the Assistant Secretary of Health rescinded FDA's effort to ban kratom, calling instead for more research and public health guided policy ([22]; see additional discussion in Durkin et al. [23] in this book and Henningfield and Fant [5], Henningfield et al. [8,24]).

Since Assistant Secretary Giroir's action, 13 states have passed kratom consumer protection act laws that are beginning to provide standards for purity, content labeling, product registration, and minimum age of purchase of 21 years. Some of the states that placed kratom in Schedule I in about 2013–15 are considering replacing those laws with kratom consumer protection act laws. These actions have relied heavily on kratom science reviewed in this book that addresses kratom's effects, risks, and benefits to public health (in some cases, referred to as harm reduction uses) and the desire of their residents to ensure legal access but with reasonable safeguards to minimize unintended consequences.

Four chapters review and explore various aspects of kratom product regulation and why kratom product regulation is vital to serve and protect public health.

The first chapter is led by Mr. Durkin, former Director of FDA's Office of Dietary Supplements. Mr. Durkin et al. [23] explained the legal framework and pathways for kratom regulation by FDA as authorized and guided by the 1994 Dietary Supplement Health and Education Act (DSHEA) amendment to the Federal Food, Drug, and Cosmetic Act (FD&C Act). As the authors discuss, the FDA framework does not allow FDA to "approve" kratom or other dietary product for therapeutic, that is, "drug" or "medical" use—that authority is reserved for new drug applications (NDAs) submitted to and regulated by FDA's Center for Drug Evaluation and Research. DSHEA does provide pathways for legal marketing of kratom as it presently is marketed, as well as in the form of New Dietary Ingredients for specific products.

FDA also has the authority to prohibit specific supplements and products that FDA deems are hazardous to public health and safety—an action that FDA has not taken with respect to kratom in general.[5] FDA also has the authority, that it has used in many cases, to send warning letters to specific

[5]In a 2024 US Federal District Court hearing FDA was asked to comment on this matter. The Agency declined to send a representative to testify in the hearing but communicated to the court that "FDA had not yet determined if kratom was hazardous but is continuing to conduct research on the matter" JEH verify quote and provide citation from court record.

marketers over specific issues that it states must be resolved (e.g., making a therapeutic drug type of claim), and take stronger actions such as specific product brands and shipments that it determines warrant such actions. At the time of this writing, the FDA had not yet begun to set product standards for maximum levels of alkaloids, warnings labeling to address issues discussed in the chapters by Drs. Breve and Raffa, how products should be tested to ensure compliance with the standards, and a definition of what can be labeled and marketed as "kratom."[6] As this book shows, there is now a scientific foundation to begin that regulatory process. The Durgin et al. chapter distills a wealth of information relevant to the foregoing issues and of potential interest to consumers, policymakers, and kratom product marketers.

Emphasizing the need for kratom product regulation, the chapter by Dr. Breve [25] that addresses the need for kratom product performance standards for product constituents, including the levels of primary active substances such as mitragynine and to deliver essential product information to consumers. He makes clear that consumers should be empowered to make informed choices guided by federal and/or state regulatory frameworks just as they can for most commercially marketed foods and many dietary supplements. FDA input is critical in this process, however, because manufacturers who develop their own standards and labeling information without FDA input risk receiving FDA warning letters if FDA does not agree with their approach and language.

Two important issues of special concern and which also require FDA input to guide product labeling information is what to tell consumers about the potential risky interactions of kratom used in combination with other dietary supplements and drugs, under special conditions, and which susceptible populations at heightened risks should involve consultation with a health professional before use. For example, an important population-related issue is pregnant and lactating women in which virtually all would agree should be advised to talk to their doctor before such use.

Dr. Raffa's two chapters that address kratom drug interactions and susceptible populations raises a variety of potential concerns that have implications for research needs and possible regulatory input for consideration by the FDA. FDA has a long history of developing communications to ensure that product label warnings and other communication on product labeling and product marketing are evidence based. Such FDA-developed communications are important to guide consumer and product manufacturers as well because product warnings and communications developed without FDA input may raise concerns to FDA that result in FDA warning letters because of their content or how they are worded. The FDA also understands that over-warning is not in the interest of public health if it discourages beneficial use or appears to simply be a list of concerns designed more to for legal reasons than consumer-informing reasons.

As evident from Dr. Raffa's chapters, research on kratom–drug interaction and susceptible populations is at early stages. It is also

[6]Most of the global real-world safety experience with kratom is based on kratom leaf products in diverse forms including ground leaf powders used to make tea-like decoctions, capsules filled with leaf powder, and liquid extracts of kratom leaves. However, some extracts have substantially boosted levels of mitragynine, and other products, boosted with synthetic versions of the mitragynine metabolite 7-hydroxymitragynine or may contain only 7-hydroxymitragynine [19,20]. The FDA has extensive experience in dietary and natural product regulation and the science foundation to develop such regulatory standards now exists to begin this process.

a complex area of research because predicting potential interactions of concern is complicated by the diverse pharmacology of kratom due to the multitude of alkaloids that might occur at meaningful levels in kratom consumers and that some kratom consumers likely have histories of use of drugs to treat various health conditions that carry their own risks (e.g., acetaminophen and nonsteroidal anti-inflammatory drugs for pain) and use of recreational substances including alcohol that carry health risks such as liver disease and seizures.[7]

In light of what appears to be increasing interest and consumption of kratom use in the United States, and possibly globally, it is not surprising that there is also increasing efforts by kratom marketers and entrepreneurs in dietary and pharmaceutical development to develop New Dietary Ingredient Notifications (NDINs) for their products as well as new medicines for eventual submissions as NDAs to the US FDA.

Kratom product entrepreneurship: new dietary kratom products and kratom-derived pharmaceutical products

The evolution and trends in kratom entrepreneurship as well as an analysis of emerging commercialization and equity investment in the kratom marketplace are described in the chapters by Dr. Beyer [27] and by Mr. McIntosh-Pearce [28], respectively. Dr. Beyer addresses the challenges and opportunities in an industry populated with diverse potential kratom products with potential consumer and health interest in the United States and globally. As described by Dr. Beyer, many entrepreneurs in this space are focused on alternative pathways to commercialization. For example, many businesses are targeting NDINs for submission to the FDA for potential acceptance. It is worth noting, however, that this pathway often will require tens of millions of dollars of research and take several years to develop. In comparison, the time and cost for NDAs for FDA approval typically require more than one billion dollars over a decade or more of research and clinical study. Nonetheless, the pharmaceutical pathway is under exploration by several companies. Mr. McIntosh-Pearce describes potential models for funding such efforts, such as from private equity sources as well as from established dietary and pharmaceutical development pathways.

Lessons learned from efforts to regulate marijuana for therapeutic use in the United States

Recent developments in marijuana regulation could have significant implications for kratom. Dr. Shade [29] describes the fascinating and rollercoaster-like path of efforts to decriminalize medical use of marijuana in the 20th century and, more recently, with a variety of thought-provoking ideas as to their implications for kratom. This includes the fact that prohibition with criminal penalties for possession and sales—whether based on Schedule I placement in the CSA or by other laws—does not eliminate use or product marketing but does prevent the balanced regulations that seem vital to and has been called for, with respect to kratom as well as cannabis.

[7]The FDA and NIDA kratom websites note that although deaths associated with kratom use are rare, they generally involve use with other drugs. In many of those cases, it appears likely that one or more of the other substances may have been the most likely primary cause of death, but the potential role of kratom alkaloids cannot be ruled out [26]. Furthermore, although the US monitoring systems such as FDA's Adverse Events Reporting System and America's Poison Control Centers have not detected patterns that suggest which, if any of these drugs are particularly hazardous when combined with kratom, the possibility of real but low risk of some combinations cannot be ruled out.

Such a regulatory shift may offer a potential model for addressing kratom's own scheduling challenges, which similarly involve balancing therapeutic potential against concerns about abuse and addiction. Kratom, like marijuana, sits at the crossroads of traditional use, therapeutic potential, and regulatory confusion. It is important to keep in mind that marijuana and kratom differ substantially in their abuse and addiction-related risks and, thus, differently regulated (including controlled substance scheduling) internationally and in most countries. Marijuana was determined to have sufficient abuse or dependence potential and to carry sufficient risk to users and public safety to be listed as a Schedule I Controlled Substance internationally and in the United Nations [30,31].

Schedule I is the only option for drugs with sufficient dependence potential to be listed in the CSA but which are not recognized by medical authorities for medical use. The other four schedules in the United States are for drugs that are approved for therapeutic medical use. Thus the specific pharmaceutical products containing dronabinol (a synthetic version of tetrahydrocannabinol [THC]) were removed from Schedule I and placed in either Schedule II or Schedule III with Schedule III following FDA approval for therapeutic use. All other forms of marijuana and THC remain in Schedule I at the federal level despite extensive informal medical use as described by Dr. Shade.

Yet a potential landmark new regulatory development in medical marijuana use could begin in the months following this writing and before or soon after this book is published, with implications for kratom. The foundation was provided by the 2024 US Department of Health and Human Services (DHHS) determination that "marijuana has a currently accepted medical use [CAMU] in the United States" as described in footnote 2. With that rescheduling enabling determination, the DHHS performed an analysis of the eight factors of the CSA that are determinative of scheduling and concluded that Schedule III would be most appropriate [13,14]. Though it would not immediately result in approval of marijuana for specific medical uses, removing it from Schedule I would not only reduce barriers to scientific research but also create legal pathways for broader therapeutic and medicinal use. At this writing, the recommendation is under consideration by the DEA, which has already agreed with FDA's CAMU determination but has not yet determined if marijuana will be rescheduled and if so which schedule it will be placed.

Conclusion

The editors are most pleased for the effort of our knowledgeable and diligent chapter authors to provide such an outstanding compilation research with implications for kratom policy regulation, and kratom-derived development of potential new dietary products for consumer use, and possibly new pharmaceutical products for FDA-authorized therapeutic medical use. We expect that despite the pace of research and publications, along with the tremendous growth of the number of entrepreneurs in the kratom ecosystem, this book will provide an invaluable source of information and perspectives for at least several years. Along with the work described in this book, we will naturally see many regulatory obstacles and boundaries that are pushed beyond their current state. Most importantly, and based on the work from the contributing authors (and work from many others), we are poised to learn more about the therapeutic and entrepreneurial benefits of kratom in the next 5 years compared to everything we have learned about this plant in the last 50 years (or more). For the scientific community pushing forward our knowledge of kratom, these editors continue to cheer for your work and for the exciting progress you are all

making toward a more fulsome appreciation of the science and understanding of the therapeutic potential of kratom and its many active alkaloids.

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FED UP!
A COALITION TO END THE OPIOID EPIDEMIC

Kratom: Banning 7-OH is not enough

SUPPORT FDA REGULATION OF KRATOM OPIOIDS

On July 29, 2025, the FDA requested the DEA to place 7-OH in Schedule I.

Background:

Mitragynine. The primary alkaloid in kratom. It has multiple effects and is a weak μ-opioid agonist.

In the liver, some mitragynine is metabolized to 7-OH mitragynine (7-OH), a strong μ-opioid agonist (see 7-OH products below).

Kratom shots: High-dose kratom extract withhigh doses of mitragynine. With some metabolism to 7-OH, 7-OH levels become very high, presenting a risk of opioid toxicity and overdose.

7-OH products: Produced as a semi-synthetic to deliver very high μ-opioid stimulation. <u>The FDA has moved to ban 7-OH.</u>

The kratom-opioid industry is responding by generating stronger μ-opioid semi-synthetics and synthetics that get around the 7-OH ban.

- **Mitragynine Pseudoindoxyl: Stronger μ-opioid and longer lasting than 7-OH**
- **MGM-15: Synthetic. Stronger μ-opioid and longer lasting than 7-OH**

SUPPORT OUR FDA PETITION FOR CLASS-BASED SCHEDULING: The FDA should move away from molecule-specific bans. Instead, it should define a class of "Kratom-Derived Mu-Opioid Agonists" based on the structural core and opioid potency.

SIGN ON: SUPPORT FDA regulation of kratom opioids.

15B

Board Presentation for April 16, 2026

Ladies and Gentlemen:

My name is Michael Gerber, MD, HMD. I received my medical degree from the University of Kansas School of Medicine in 1972, completed my Internal Medicine Internship at Highland General Hospital in Oakland County in 1973, and conducted published research in Psychopharmacology at the Stanford Research Ward of the Palo Alto Veterans Administration Hospital. For the past 27 years, I have served as President of the Nevada Homeopathic and Integrative Medical Association and have provided continuing education credits for licensees of the Nevada Board of Homeopathic Medical Examiners.

First, I would like to thank the Pharmacy Board for the opportunity to respond to the proposed regulations. We respectfully request that the Board postpone its vote until our concerns and supporting information have been fully considered.

For more than two decades, singly licensed Homeopathic physicians have safely prescribed certain medications and provided integrative treatments under NAC 630A.014. These regulations were originally promulgated in 1998 and reaffirmed in 2008 by the Nevada State Board of Homeopathic Medical Examiners. Given this longstanding history, we respectfully ask: what has changed to warrant reversing regulations that have been in place and functioning safely for over 20 years?

We are also concerned about statements within the notice of intent, specifically section 3(a), which asserts that there would be "no economic impact from this regulation on the regulated entities or on the public." This assertion does not reflect the real-world consequences of the proposed changes.

If adopted, approximately 3,000 patients could be left without a prescribing physician. Conservatively estimating $500 per patient to establish care with a new physician and re-prescribe necessary treatments—including bioidentical hormones and other essential medications—the total cost to patients would exceed $1.5 million. This represents a significant and unintended financial burden on Nevada residents. We respectfully ask whether imposing such a cost on patients aligns with the Board's mission and authority.

Additionally, we ask what demonstrable benefit to public safety this regulation would provide. To date, there have been no documented public safety concerns presented to the Board regarding the Homeopathic physicians affected by this proposal. In fact, our integrative approach often emphasizes minimizing pharmaceutical interventions in favor of nutritional, homeopathic, and bioidentical hormone therapies—approaches designed to reduce risk and promote patient well-being.

Finally, we urge the Board to consider the human impact. Many of these patients have been under our care for decades. These are not simply clinical relationships—they are long-standing partnerships in health. Disrupting that continuity of care would create unnecessary stress, confusion, and potential harm for patients who rely on us.

We respectfully ask the Board to carefully reconsider this proposal, to evaluate the economic and patient care implications, and to delay any decision until a thorough review has been completed.

Thank you for your time, your consideration, and your commitment to the health and well-being of Nevada patients.

Respectfully,
Michael Gerber, MD, HMD

NAC 630A.014 Interpretation of terms used in NRS 630A.040. (NRS 630A.040, 630A.155, 630A.200)

1. As used in NRS 630A.040, unless the context otherwise requires, the Board will interpret:

(a) "Herbal therapy" to mean a system of healing art that places the chief emphasis on the flow and balance of dynamic force or energy in the body mechanism as being the most important single factor in maintaining the natural health and well-being of the living organism and includes, without limitation, the prescribing and use of plants or plant extracts or a combination thereof to treat an ailment or disease of the mind, emotions or body, or for the cure or relief of any wound, bodily injury or deformity. As used in this paragraph:

(1) "Plant" includes, without limitation, any tree, vine, shrub, vegetable or herb or any part of a tree, vine, shrub, vegetable or herb.

(2) "Plant extract" means a substance removed from a plant by physical or chemical means for medicinal purposes.

(b) "Neural therapy" to mean dry needling, the use of an electronic testing and treatment device and the injection of vitamins, minerals, homeopathic medications, herbal extracts, enzymes, orthomolecular substances or other medicinal or pharmaceutical preparations into the:

(1) Acupuncture, acupressure or trigger points;

(2) Ganglia; or

(3) Subcutaneous tissue, intracutaneous tissue, intra-articular tissue or periosteal tissue,

Ê of a patient to control pain or produce other beneficial clinical effects.

(c) "Neuromuscular integration" to mean the progressive harmonization of the endocrine system, immune system, autonomic nervous system, skeletal system and smooth muscle system of a patient with the cognitive and noncognitive faculties of a patient by the use of:

(1) Manipulation of the soft tissues of the body to balance the body, including, without limitation:

(I) Aquastretch exercising or any other form of aquatic therapy; and

(II) Cranio-sacral manipulation; and

(2) Thought field therapy to recondition the endocrine system, immune system, autonomic nervous system and central nervous system.

(d) "Nutrition" to include, without limitation, applied kinesiology or any other modality or method used for the recognition, evaluation, treatment and correction of the unique dietary needs of a patient.

(e) "Orthomolecular therapy" to mean the treatment and prevention of disease, including, without limitation, infection, malignancy and degenerative illness, by adjusting the natural chemical constituents of the body on the molecular level. The term includes, without limitation:

(1) The prescription of topical and oral supplements, medicines and pharmaceutical preparations; and

(2) The intravenous infusion, intramuscular injection, subcutaneous injection and intradermal injection of vitamins, amino acids, peptides, polypeptides, enzymes, sarcodes, medicines and pharmaceutical preparations, homeopathic medications, ozone, bio-oxidative substances or chelating agents,

Ê to detoxify and remove harmful substances from the body, including, without limitation, heavy metals, the buildup of vascular and arterial plaque and toxic environmental factors, including, without limitation, pesticides, xenobiotics, bacteria and fungi.

2. As used in this section:

(a) "Aquastretch exercising" means a method of personal or assisted exercise used as a form of aquatic or nonaquatic therapy which enables stretching of the body to encourage dynamic intuitive movement, usually in various depths of water and with various weights attached to the body, to increase systemic flexibility and improve vascular, nerve and muscular functions.

(b) "Bio-oxidative substances" means substances that are used to promote healing at the cellular level by the use of oxygen in its various forms.

(c) "Chelating agents" means substances that are used to remove heavy metals and other toxins from the body, including, without limitation:

(1) Sodium 2,3-dimercaptopropane-1-sulfonate (DMPS);

(2) Dimercaptosuccinic acid (DMSA);

(3) Ethylene diamine tetra-acetic acid (EDTA);

(4) Penicillamine;

(5) Diethylene triamine penta-acetic acid (DTPA);

(6) Deferoxamine mesylate; and

(7) Clathration agents.

(d) "Cranio-sacral manipulation" means the manipulation of muscles, ligaments, fascia or other connective tissues, and any anatomical structures relating to those tissues, to improve the function of cranial nerves and systemic neurological dynamics.

(e) "Dry needling" means a procedure that involves inserting acupuncture needles under the skin at trigger points and, while those needles are inserted, rotating the needles or connecting the needles to a low current electrical supply.

(f) "Pharmaceutical preparations" includes narcotic drugs or opiates that are listed as schedule II controlled substances pursuant to chapter 453 of NRS.

(g) "Thought field therapy" means a technique that uses the energy meridians of the body which are used in acupuncture and acupressure to treat abnormal patterns of thought that cause emotional and psychophysiological distress.

(h) "Trigger point" means a hyperirritable spot within the skeletal muscle or the fascia of that muscle that, upon compression, causes pain, tenderness and autonomic nervous system phenomena.

(i) "Xenobiotics" means chemical compounds that, under normal circumstances, are foreign to living organisms.