

# Virginia Board of Medicine BOARD BRIEFS

Newsletter #71  
November 2011

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**Board of Medicine Members Finishing Service in 2011**

Sandra Bell, MD-3<sup>rd</sup> District  
 Juan Montero, MD-4<sup>th</sup> District  
 Roderick Mathews, JD--Richmond  
 Stephen Heretick, JD--Portsmouth

**Newly Appointed Board of Medicine Members**

Kamlesh Dave, MD-4<sup>th</sup> District  
 Robert Hickman, MD-6<sup>th</sup> District  
 Irina Farquhar, PhD--Northern Virginia

**Virginia Board of Medicine  
 Board Members 2011 – 2012**

<b>Deeni Bassam, MD</b> 1st Term Expires June 2013 District: 10 – Manassas	<b>Stuart F. Mackler, MD, Secretary Treasurer</b> 1st Term Expires June 2012 District: 2 - Franktown
<b>Sandra Anderson Bell, MD</b> 2nd Term Expires June 2011 District: 3 – Richmond	<b>Jane Sheffield Maddux</b> 1st Term Expires June 2014 Citizen Member - Charlottesville
<b>Claudette Dalton, MD, President</b> 2nd Term Expires June 2013 District: 5 – Earlysville	<b>Robert Hickman, MD</b> 1st Term Expired June 2015 District: 6 - Lynchburg
<b>J. Randolph Clements, DPM</b> 1st Term Expires June 2014 Podiatrist at Large	<b>Irina Farquhar, Ph.D</b> 1st Term Expired June 2015 Citizen Member - Burke
<b>William H. Epstein, MD</b> 1st Term Expires June 2012 District: 9 – Blacksburg	<b>Kamlesh Dave, MD</b> 1st Term Expired June 2015 District: 4 - Chester
<b>Stephen E. Heretick, JD</b> 2nd Term Expires 2011 Citizen Member - Portsmouth	<b>Jane E. Piness, MD</b> 2nd Term Expires June 2012 District: 11 – Arlington
<b>Valerie Lowe Hoffman, DC, Vice President</b> 2nd Term Expires June 2013 Chiropractor at Large - Danville	<b>Karen A. Ransone, MD</b> 2nd Term Expires June 2012 District: 1 - Cobbs Creek
<b>Gopinath Jadhav, MD</b> 2nd Term Expires June 2012 District: 7 – Richmond	<b>Wayne Reynolds, DO</b> 1st Term Expires June 2012 Osteopath at Large - Gloucester Point
<b>VACANT</b> District 8	<b>Michael Signer, JD</b> 1st Term Expires June 2013 Citizen Member - Arlington

## ▣Current Virginia Board of Medicine Advisory Board Members▣

### Athletic Training

**Jon Almquist, ATC**

Vienna

Term: 7/1/03 – 6/30/11

**Mitchell Callis, ATC**

Chesapeake

Term Date: 7/1/11 - 6/30/15

**Brent L. Arnold, AT, Chair**

Goochland

Term Date: 7/1/10 - 6/30/14

**Reg E. Roland**

Richmond

Term: 7/1/03-6/30/11

**Cynthia Su, MD, Vice-Chair**

Chesapeake, VA

Term: 7/1/07-6/30/15

### Licensed Acupuncturists

**Lynn Almloff, L.Ac., Vice-Chair**

Virginia Beach, VA 23462

Term: 7/1/10 to 6/30/14

**Mari K. Eder**

Springfield, VA 22150

Term: 7/1/10 to 6/30/14

**Floyd M. Herdrich, L.Ac.**

Richmond, VA 23227

Term: 7/1/10 to 6/30/14

**Elaine Komarow, L.Ac, Chair**

Vienna, Va 22182

Term: 7/1/10 to 6/30/14

**Chheany W. Ung, MD**

Roanoke, VA 24018

Term: 7/1/10 to 6/30/14

### Occupational Therapy

**Jean A. Hearst, OT, Vice-Chair**

Virginia Beach, VA 23452

Term: 7/1/2004-6/30/12

**Eleanor Levi**

Arlington, VA 22206

Term: 7/1/2008-6/30/12

**Mitch Lovinger, OT**

Bridgewater, VA 22812

Term: 7/1/11-6/30/15

**Eugenio Monasterio, MD, Chair**

Mechanicsville, VA

Unexpired Term Expires 6/30/13

**Kathleen C. Smith, OT**

McLean, VA 22102

Term: 7/1/11-6/30/15

### Midwifery

**Deren Bader, CPM, DrPH, Vice-Chair**

Charlottesville, VA 22940

Term: 7/1/05 to 6/30/12

**Christian A. Chisholm, MD**

Charlottesville, VA

Term: 7/1/11 to 6/30/15

**Peggy Franklin, CPM**

Gainesville, VA 20155

Term: 07/1/05 to 6/30/11

**Deb McPherson**

Lynchburg, VA 24505

Term: 7/1/11-6/30/15

**Leslie Payne, CPM, Chair**

Lynchburg, VA 24503

Term: 7/1/05 to 6/30/13

### Physician Assistants

**Rachel A. Carlson, MSDS, PA-C, Chair**

Winchester, VA 22603  
Term: 7/1/10 to 6/30/14

**Paul Marino, PA-C**

Reston, VA 20191  
Term: 7/1/10 to 6/30/14

**Thomas Parish, PA-C, Vice-Chair**

Virginia Beach, VA 23452  
Term: 7/1/10 to 6/30/14

**James Potter, MD**

Wise, VA 24293  
Term: 7/1/10 to 6/30/14

**Kishore Thota**

McLean, VA 22101  
Term: 7/1/10 to 6/30/14

### Polysomnographic Technology

**Debbie Akers, RPSGT - Vice-Chair**

Virginia Beach, VA 23454  
Term: 7/1/10 to 6/30/14

**Marie Quinn**

Bon Air, VA 23234  
Term: 7/1/10 to 6/30/14

**Anna Rodriguez, RPSGT**

Henrico, VA 23226  
Term: 7/1/10 to 6/30/14

**Michelle Sartelle, RPSGT, RRT, Chair**

Henrico, VA 23238  
Term: 7/1/10 to 6/30/14

**Robert Vorona, MD**

Virginia Beach, VA 23452  
Term: 7/1/10 to 6/30/14

### Radiological Technology

**Robert A. Goldschmidt, MD**

Richmond, VA 23221  
Second Term: 3/13/04 to 6/30/10

**VACANT**

**Renee Hess, RT**

Richmond, VA 23225  
First Term: 7/1/10 to 6/30/14

**Rebecca Keith, RT**

Springfield, VA 22150  
First Term: 7/1/10 to 6/30/14

**Elizabeth L. Meixner, RT, Chair**

Richmond, VA 23284-3057  
Second Term: 10/12/04 to 6/30/14

### Respiratory Care

**Michael Blumberg, MD, Vice-Chair**

Richmond, VA 23229  
Term: 7/1/10 to 6/30/14

**Damie Carter**

Jonesville, VA 24263  
Term: 7/1/10 to 6/30/14

**Stan Holland, RRT, Chair**

Harrisonburg, VA 22802  
Term: 7/1/10 to 6/30/14

**Natalie Napolitano, RRT**

Arlington, VA 22203  
Term: 7/1/10 to 6/30/14

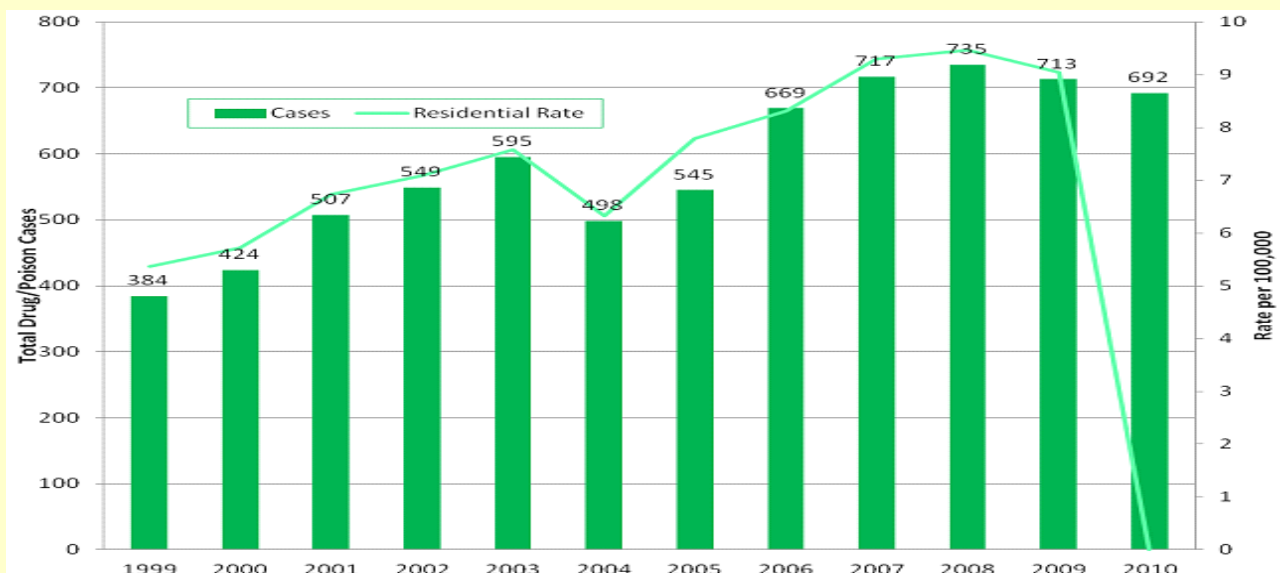
**Daniel Rowley, RRT**

Charlottesville, VA 22903  
Term: 7/1/10 to 6/30/14

## ☐Medical Examiner's Preliminary Statistics for 2010☐

The following graph and table that depict the impact of prescription drugs on the citizens of the Commonwealth have been provided courtesy of the Virginia Department of Health – Office of the Chief Medical Examiner. There are still approximately 700 deaths per year from poisoning, 70% of which are from prescription drugs. If mixed drug poisoning is added, the percentage rises to over 80%. These are statistics, but each one of these numbers represents a person whose life has been extinguished by a prescribed drug. The Board of Medicine has understood for some time that the epidemic of drug abuse, drug deaths and diversion must be addressed in at least three ways: 1) Education; 2) Treatment; and 3) Enforcement. Enforcement encompasses both the Board of Medicine and law enforcement. The Board of Medicine usually sees licensees that may lack knowledge in how to use controlled substances or those that know but are not diligent in their medical and monitoring processes. All prescribers need to be knowledgeable about the pharmacology, indications, proper monitoring, red flags and hazards in the use of controlled substances. Several educational resources are mentioned further down in this newsletter. The Board's Guidance Document 85-24 on the use of controlled substances can be found at [http://www.dhp.virginia.gov/medicine/medicine\\_guidelines.htm](http://www.dhp.virginia.gov/medicine/medicine_guidelines.htm)

### Total Drug/Poison Cases, 1999-2010



\*The residential rate for 2010 is at zero as the population number is not yet available for the rate calculation. Drug/Poison Cases by Cause of Death by OCME District, 2010

Cause of Death	District				Total
	Central	Northern	Tidewater	Western	
Ethanol Poisoning	7	3	4	7	21
Prescription Drug Poisoning	111	102	60	206	479
Illegal (Street) Drug Poisoning	34	17	25	8	84
Mixed Category Drug Poisoning	6	24	26	29	85
Inhalant Poisoning	0	1	1	2	4
OTC Poisoning	4	3	4	3	14
Ethylene Glycol Poisoning	1	1	0	1	3
Not Otherwise Specified Poisoning	1	0	1	0	2
<b>Total</b>	<b>164</b>	<b>151</b>	<b>121</b>	<b>256</b>	<b>692</b>

### ▣ Prescription Monitoring Program ▣

The importance of incorporating the use of the Prescription Monitoring Program into your practice routine cannot be overemphasized. Abuse and diversion remain realities in the Commonwealth, and deaths from prescription drugs continue at an alarming rate.

All prescribers are encouraged to use the Prescription Monitoring Program to access information about patients for whom you prescribe or anticipate prescribing Schedule II-IV controlled substances. Patient consent is no longer required to access the data; however your patient must be informed that you might check his/her data. The following is an update from Ralph Orr, Program Director for the Virginia Prescription Monitoring Program.

On October 1, 2009 the Virginia Prescription Monitoring Program (PMP) upgraded to 24/7 access with auto-response software. The response to this new capability has been remarkable with the number of prescribers registered to use the program having more than doubled since the installation of the software. Requests for reports have grown from 75,000 in all of 2009 to over 433,000 requests in 2010 with prescribers and pharmacists accounting for 98% of all requests to the program. The program anticipates processing over 600,000 requests in 2011.

Approximately 1900 resident pharmacies, non-resident pharmacies and dispensing physicians submit over one million prescription records for Schedule II-IV drugs each month. The program database holds over 60 million prescriptions which supply the data for reports numbering almost 2000 a day in response to requests from 7600 prescribers and 1600 pharmacists who use the information to make treatment and dispensing decisions.

The PMP website: [www.dhp.virginia.gov/dhp\\_programs/pmp](http://www.dhp.virginia.gov/dhp_programs/pmp) is the gateway to the PMP Data Center where prescribers can apply for registration and submit requests for patient

data. Other features of the main webpage include: an online pain course, laws and regulations, presentations from conferences, registration and other forms, program statistics, reports, and other information of interest.

If you are not a registered user of the Prescription Monitoring Program, consider registering today. The PMP is a fast and efficient tool that can optimize management of patients that are being prescribed controlled substances while minimizing risk for both the patient and the prescriber.

### **[Pain Management Module-Type 1 Continuing Education for License Renewal](#)**

The online pain management course offered on the PMP website was developed by Leanne Yanni, MD, Associate Professor of Internal Medicine at VCU School of Medicine. Prescribers and pharmacists who are licensed in Virginia may take the course free-of-charge and receive up to 6.5 hours of continuing education credit. The course is case study driven, has a pre and post test, and has several resources that you can go back to again and again as needed. The course is reviewed annually and updated as appropriate for any new practice standards, new laws and regulatory changes. The course added a module on pediatric pain management in 2010. If you treat pain, this module will make you better at doing so.

### **[Reminder about FSMB Guidebook](#)**

Approximately 20,000 MDs and DOs received a copy of the Federation of State Medical Boards' "Responsible Opioid Prescribing" in 2008. The book is an expansion of the Federation's Model Policy and remains a great guidebook to good patient care and how the Virginia Board of Medicine understands and oversees matters of prescribing and pain management. It is again commended to your reading.

### **[Primer on Substance Abuse Screening, Brief Intervention and Referral](#)**

The idea behind SAMHSA's Screening, Brief Intervention, and Referral to Treatment (SBIRT) program is deceptively simple: What if you could stop drinking and substance abuse problems before they became serious enough to destroy people's lives?

The basics of SBIRT are the same no matter where the services are provided. All patients in participating emergency rooms, primary health clinics, campus health centers, or other health care venues automatically undergo a quick screening to assess their alcohol and drug use. If they're at risk of developing a serious problem, they receive a brief intervention that focuses on raising their awareness of substance abuse and motivating them to change their behavior. Patients who need more extensive treatment receive referrals to specialty care.



# Screening, Brief Intervention, Referral, and Treatment

Cooperative Agreements for Screening, Brief Intervention, Referral, and Treatment (SBIRT) expand and enhance State substance abuse treatment service systems by:

- Expanding the State's continuum of care to include Screening Only (SO), Brief Intervention (BI), Referral to Treatment (RT), and Brief Treatment (BT) services in general medical and other community settings (for example, community health centers, nursing homes, schools and student assistance programs, occupational health clinics, hospitals, and emergency departments);
- Supporting clinically appropriate services for persons at risk for, or diagnosed with, a Substance Use Disorder (for example, Substance Abuse or Dependence); and
- Identifying systems and policy changes to increase access to treatment in generalist and specialist settings.

## Program Description

SBIRT was developed to be a public health approach to deliver early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. In order to provide opportunities for early intervention with persons at-risk for substance abuse, primary care centers, hospital emergency rooms, trauma centers, and other community settings can implement SBIRT before more severe consequences occur.

One of the main benefits of SBIRT is that it incorporates screening and treatment components of care into a system of services. Screening for substance use problems can occur quickly and if the patient is at risk for developing a problem, brief intervention can raise their awareness of current levels of substance use and the risk for future problems. Patients needing more in-depth care are referred to treatment. Another added benefit of SBIRT is that the treatment stays the same regardless of service setting.

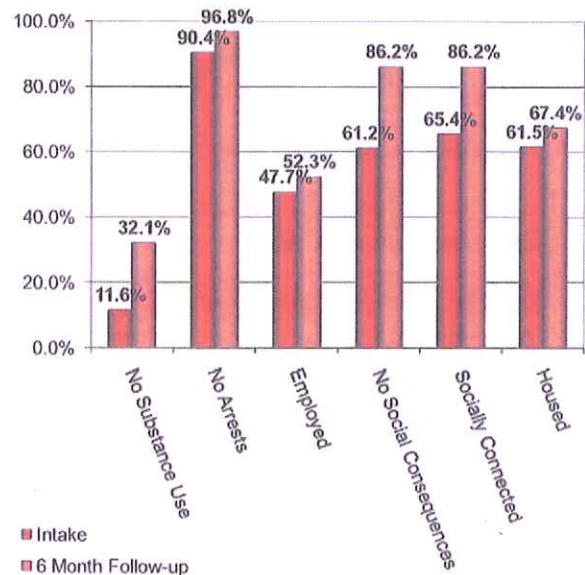
The SBIRT program began in Fiscal Year 2004. Among the current SBIRT grants, over **587,000** clients have been screened for substance abuse issues. These grants span across 9 states.

## National Outcome Measures (NOMs)

These outcomes chart the progress of clients for whom both intake and 6-month follow-up data were available. These outcomes include:

- *Abstinence from Alcohol/Drug Use* – **Increased by 177%**
- *No Arrests* – **Increased by 7%**

- *Employment/Education* – **Increased by 10%**
- *No Social Consequences from Alcohol/Drug Use* – **Increased by 41%**
- *Social Connectedness* – **Increased by 5%**
- *Stability in Housing* – **Increased by 10%**



## Risky Behavior Outcomes

Risky behavior data are reported for clients for whom both intake and 6-month follow-up data were available. These outcomes include:

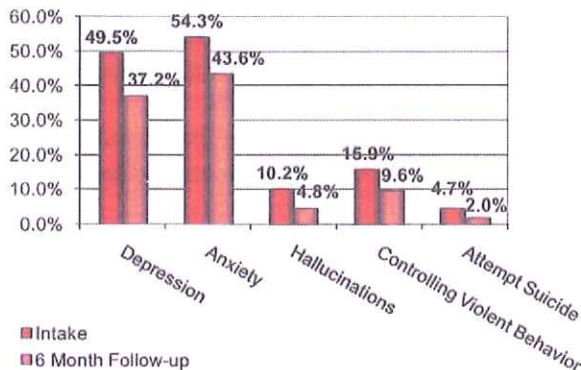
- *Injected Illegal Drugs* – **Decreased by 45%**
- *Had unprotected sex with an individual who was high* – **Decreased by 30%**

# Screening, Brief Intervention, Referral, and Treatment (cont.)

## Mental Health Outcomes

Mental health data are reported for clients for whom both intake and 6-month follow-up data were available. These outcomes include:

- *Depression* – Decreased by 25%
- *Anxiety* – Decreased by 20%
- *Hallucinations* – Decreased by 53%
- *Trouble understanding, concentrating, or remembering* – Decreased by 17%
- *Trouble controlling violent behavior* – Decreased by 40%
- *Suicide attempts* – Decreased by 57%



## Substances of Use

Substance	Percent
Any Alcohol	73.4%
Marijuana/Hashish	24.7%
Cocaine/Crack	5.5%
Methamphetamine	4.0%
Heroin	2.1%

## Is SBIRT Effective?

In the four years since its inception, SBIRT has been effective in reaching over half a million persons who are at risk for substance use problems. It has been successful in reducing substance use and mental health outcomes, as well as risky lifestyle behaviors.

In addition to decreases in substance abuse, screening and brief interventions have also been associated with fewer hospital days and fewer emergency department visits.

Recent cost-benefit analyses and cost-effectiveness analyses have demonstrated net-cost savings from SBIRT-type interventions.

## How Would I Get Paid?

Payer	Code	Description	Fee Schedule
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00

Source: SAMHSA .(2008). *Coding for SBI Reimbursement*. <http://sbirt.samhsa.gov/coding.htm>

## Additional SBIRT Resources

SAMHSA's SBIRT Homepage:  
<http://sbirt.samhsa.gov/>

## **Know the Law about Writing a Prescription**

There are two important laws that you should know and always follow in your writing of prescriptions for drugs of all schedules. The first is Section 54.1-3303 of the Code of Virginia. It requires that you have a bona fide practitioner-patient relationship with an individual to issue a prescription. “ ..a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects”.

The second is Section 54.1-3408.01 which outlines the required information a prescription must contain. Here are the essential elements of the law.

- Written with ink or individually typed or printed.
- Name, address, and telephone number of the prescriber.
- Federal controlled substances registration number if Schedule II-V.
- Prescriber's information shall be either preprinted upon the prescription blank,
  - electronically printed, typewritten, rubber stamped, or printed by hand.
- First and last name of the patient for whom the drug is prescribed.
- Address of the patient
- Each written prescription shall be dated as of, and signed by the prescriber on, the day when issued.
- No written prescription order form shall include more than one prescription.

Further guidance, including about electronic prescriptions, can be found at: [http://www.dhp.virginia.gov/Pharmacy/pharmacy\\_guidelines.htm](http://www.dhp.virginia.gov/Pharmacy/pharmacy_guidelines.htm). Guidance document 110-35.

## **Concerns Regarding the Issuance of Prescriptions**

A valid prescription for a medicinal or therapeutic purpose may be issued only to persons with whom the practitioner has a bona fide practitioner-patient relationship as outlined in §54.1-3303. A requirement of this bona fide practitioner-patient relationship is for an examination of the patient to have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription, except for medical emergencies. A prescription may be issued in writing, orally, faxed, or electronically, depending on the drug Schedule and the patient's circumstances. A summary of the allowances regarding the various methods for issuing a prescription is found in Board of Pharmacy guidance document 110-15 found at:

[http://www.dhp.virginia.gov/Pharmacy/pharmacy\\_guidelines.htm](http://www.dhp.virginia.gov/Pharmacy/pharmacy_guidelines.htm)

Areas of non-compliance that have been brought to the Board's attention include prescribers who are issuing prescriptions when there is no bona fide practitioner-patient relationship, i.e., no physical examination of the patient has been performed and/or no patient medical record is being maintained by the prescriber. Often this may involve prescribing for self or family. Please note that a physician may only prescribe for self or family in compliance with Board Regulation 18VAC85-20-25. This regulation does not permit the prescribing of drugs in Schedule II-V for self or family, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

Another area of concern involves prescribers who issue electronic prescriptions in a manner that is non-compliant with state and federal rules on the subject. An "electronic prescription" means a written prescription that is generated on an electronic application and transmitted to a pharmacy as an electronic data file. Please note that a prescription for a drug in Schedules II-V may not be issued electronically unless the application providers used by the prescriber and the pharmacy have been reviewed and certified by an approved certification body for compliance with DEA's standards. The application providers must provide a copy of this report to the prescriber and pharmacy using its services. A prescriber should not issue an electronic prescription for drugs in Schedules II-V until a report is received from the application provider indicating full compliance with DEA's standards. This report is not required when electronically transmitting

drugs in Schedule VI, however, the prescription must comply with Board of Pharmacy Regulation 18VAC110-20-285 found at:

[http://www.dhp.virginia.gov/Pharmacy/pharmacy\\_laws\\_regs.htm](http://www.dhp.virginia.gov/Pharmacy/pharmacy_laws_regs.htm).

If a prescriber issues an electronic prescription for a drug in Schedules II-V prior to receiving a report from the application provider indicating compliance with DEA's rules, the validity of the prescription is questionable. Furthermore, DEA has indicated that a pharmacist may not dispense such prescription unless he contacts the prescriber's office to verify the validity of the prescription and process it as an oral prescription. This frequently creates frustration for the patient due to the potential delay in receiving the drug and creates additional work at both the pharmacy and the prescriber's office. Also, please be aware that if the prescription is generated electronically, but then is printed out in the office and given to the patient, it is no longer an electronic prescription and must follow the guidelines of a written prescription to include bearing the prescriber's manual signature.

The Board has additionally received reports that pharmacies frequently receive electronic prescriptions which contain multiple directions or multiple strengths. A careful review of the prescriber's software application is recommended to ensure default directions or default strengths are not automatically included on an electronic prescription, in addition to other custom directions or chosen strength. A prescription containing ambiguous information not only creates a delay for the patient receiving the drug from a pharmacy, since clarification is necessary prior to the dispensing, but it may also increase patient harm should the patient receive an incorrect drug. An article entitled *Guidelines for Creating High-Quality Electronic Prescriptions in the Ambulatory Healthcare Setting* is offered by Surescripts and may be accessed at:

<http://www.surescripts.com/eprescribingquality/file.axd?file=2010%2f8%2fSurescripts+Quality+E-prescription+Guidelines+V1+0b.pdf>

Additionally, the Agency for Healthcare Research and Quality (AHRQ) recently released the *Guide to Reducing Unintended Consequences of Electronic Health Records*, an online resource designed to help individuals and organizations anticipate, avoid, and address problems that can occur when implementing and using an electronic health record (EHR). This guide may be accessed at <http://www.ucguide.org/> Information regarding the federal requirements for electronic prescriptions may be accessed at:

[http://www.deadiversion.usdoj.gov/ecom/e\\_rx/index.html](http://www.deadiversion.usdoj.gov/ecom/e_rx/index.html).

Lastly, prescribers are reminded that the prescriber's DEA registration number must be recorded on a prescription written for a drug in Schedules II-V. The Board has received reports that prescribers are occasionally omitting this information or using an incorrect DEA registration number, e.g., a mid-level practitioner is recording the supervising physician's DEA registration number on a prescription issued by the mid-level practitioner. Please note that the mid-level practitioner must maintain his own DEA registration number for prescribing drugs in Schedules II-V and his number must be recorded on prescriptions he issues. The recording of an incorrect DEA registration number is not only a violation of law, but results in inaccurate data being reported to the Prescription Monitoring Program.

### DEA Schedule II

The DEA has published its final rule on writing more than one prescription for the same Schedule II drug on the same day. It is now lawful to write up to 90 days of Schedule II medication on multiple prescriptions as long as it is permitted by state law. This essentially reinstates the process that was in place up until September 2005, but with the limitation of 90 days. Always remember that the prescription must be dated the day it is written with instructions elsewhere on the document not to fill until a specific later date. And always remember to document prescriptions in the patient's medical record.

### Know the Ryan Haight Act

The Ryan Haight Online Pharmacy Consumer Protection Act is the name of federal law that was enacted on October 15, 2008. It amended the Controlled Substances Act to better prevent the illegal distribution of controlled substances over the Internet. The Drug Enforcement Administration subsequently issued regulations, effective April 13, 2009, to implement the provisions of the Act. One of the central features of the Act is the **“valid prescription”** requirement. In 21 USC 829(e)(2)(A), the term **valid prescription means one that is issued for a legitimate medical purpose in the usual course of professional practice by a prescriber that has conducted at least one in-person medical evaluation of the patient or a prescription written by a covering prescriber.** Further, the Act makes it clear that in-person medical evaluation means one that is performed with the patient in the physical presence of the practitioner. Therefore, it will be an automatic violation of federal law to issue a prescription for a controlled substance over the Internet without having performed at least one in-person medical evaluation of the patient. A covering practitioner is defined as one that conducts a medical evaluation at the request of a practitioner that has already seen the patient

in-person for an evaluation. The Act provides an exception for the legitimate practice of telemedicine. The temporary definition of telemedicine is the practice of medicine in accordance with applicable Federal and State laws by a practitioner at a location remote from a patient but who is communicating with the patient or with a health care professional treating the patient with a telecommunications system that is interactive and meets the requirements of Federal law and regulation. You are encouraged to access the entire Act for further details at: <http://edocket.access.gpo.gov/2009/pdf/E9-7698.pdf>

### **☐Immunity for Signing Death Certificates in Good Faith☐**

The 2011 Session of the General Assembly has passed law granting immunity for those doctors, nurse practitioners and physician assistants that sign death certificates. The law will be in effect July 1, 2011 and reads as follows:

*F. A physician, nurse practitioner or physician assistant who, in good faith, signs a certificate of death or determines the cause of death shall be immune from civil liability, only for such signature and determination of causes of death on such certificate, absent gross negligence or willful misconduct.*

### **☐Continuing Education Requirements☐**

At the time of renewal in late 2011 & 2012, MDs, DOs, DCs, and DPMs will be asked to attest to having obtained at least 60 hours of continuing medical education in the preceding 24 months. At least 30 hours must be Category I or Type I. The requirement that at least 15 hours be interactive with colleagues has been removed; thereby allowing all 30 hours of Category I to be obtained through activities that are approved as Category I or Type I.

### **☐Office-Based Anesthesia CME Requirement☐**

If you provide office-based anesthesia or supervise the administration of anesthesia in your office, you must maintain current certification in advanced resuscitation techniques. Additionally, if you administer office-based anesthesia without the assistance of an anesthesiologist or certified registered nurse anesthetist, you must obtain four hours of continuing education in topics related to anesthesia within the 60 hours required each biennium for licensure renewal.

## **☐Physician Profiles☐**

The Board encourages you to get in the habit of checking your profile on a regular basis. In that way, you can be assured that you will be in compliance with the Board's regulation that requires doctors to provide updates to the profile within 30 days of a change in the information that is displayed to the public. Required and voluntary information must be accurate. You will also be prompted to update your profile during the 2012 renewal process.

## **☐You Must Report.....Reporting Requirements☐**

As a licensee of the Board of Medicine, there are a number of reporting requirements of which you need to be aware.

- You must self-report actions taken against you by another state, a federal institution or the voluntary surrender of a license in another state while under investigation, malpractice judgments or settlements, professional incompetence, professional negligence, impairment or other conduct that is covered under Section 54.1-2915 of the Code of Virginia. The same must be reported about other licensees of the Board of Medicine when you become aware of such conduct.
- If you treat a licensed healthcare provider for mental disorders, chemical dependency or alcoholism, you must report the individual to the respective licensing board unless you have reason to believe that individual is competent to continue in practice or would not constitute a danger to self or to others.
- If you have a patient that has anesthesia in the office setting and dies within 72 hours, or requires a hospital stay of more than 24 hours, you must report the case to the Board.
- Pursuant to §63.2-1509, you must report suspected child abuse to the local office of the Department of Social Services.
- Pursuant to §63.2-1606, you must report suspected abuse, neglect or exploitation of adults to the local office of the Department of Social Services or the Adult Protective Services hotline.



- You are required to report certain infectious diseases to your local health department within three (3) days of suspected or confirmed diagnosis. Some diseases require “rapid communication” (within 24 hours of suspicion or confirmation). For the complete list of reportable diseases and associated reporting methods and timeframes, see Department of Health Regulation 12VAC5-90-80 or access it by using the following link:

[http://www.vdh.virginia.gov/Epidemiology/documents/pdf/Reportable\\_Disease\\_List.pdf](http://www.vdh.virginia.gov/Epidemiology/documents/pdf/Reportable_Disease_List.pdf)

### **Physician Assistants and Supervising Physicians**

You should be aware of the regulations governing office-based anesthesia that clearly define which professionals can administer major conductive blocks using anesthetic drugs. Board of Medicine Regulation 18VAC85-20-330(B)(1) states:

*1. Deep sedation, general anesthesia or a major conductive block shall be administered by an anesthesiologist or by a certified registered nurse anesthetist. If a major conductive block is performed for diagnostic or therapeutic purposes, it may be administered by a doctor qualified by training and scope of practice.*

Physician assistants are not authorized to perform major conductive blocks. However, there are no specific limitations on physician assistants giving steroid injections, as long as they are properly trained, and an invasive procedure form has been approved by the Board. Additionally, you should be aware that the law does not allow physician assistants to take x-rays or otherwise operate devices that emit ionizing radiation, such as C-arm fluoroscopy. As the law is currently written, a physician assistant has to work with a radiologic technologist to perform procedures under fluoroscopy.

### **Do Not Aid or Abet Unlicensed Practice**

In the course of a busy practice of medicine, you may conclude that a smart individual in your employ can safely perform more complex tasks than he/she is doing on a daily basis. Be sure you do not overstep your bounds of delegation. You are authorized under the law to delegate tasks that do not require medical discretion to unlicensed individuals, but you cannot delegate any task that requires medical decision-making. Further, you cannot delegate the practice of another profession to anyone. For instance, you cannot authorize a nurse or a

physician assistant to take x-rays; operating equipment that emits ionizing radiation is the practice of radiologic technology.

### ☐Mixing, Diluting or Reconstituting Regulations☐

The Board has regulations regarding how mixing, diluting or reconstituting of drugs for administration in your practice must occur. These regulations establish standards for medical practice insofar as requirements for training, second checks, documentation, and time to administration. Mixing, diluting or reconstituting that is performed by a doctor of medicine or osteopathic medicine, a pharmacist, or by a specially trained physician assistant or registered nurse or mixing, diluting or reconstituting of vaccines does not require a second check; however, preparation by anyone else requires a second check by a physician, pharmacist, or specially trained PA or RN. At some point, the Board will begin a random inspection program to assess compliance with the regulation. Here is a draft inspection form that the Board anticipates using to review compliance with the regulations in a physician's practice. For those without internet access, the form may be found at the end of the newsletter.



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### ☐Three Paid Claims Competency Assessment☐

The General Assembly has again amended the law that was enacted in the 2005 Session to require competency assessments for licensees with three medical malpractice judgments or medical malpractice settlements. The new law subjects any licensee of the Board of Medicine that has three paid claims of more than \$75,000 in the most recent ten-year period to an assessment within 18 months. The change was incorporated into Section 54.1-2912.3 of the Code of Virginia. The Board does quarterly runs on its databases to identify practitioners that may be subject to this law. If a licensee appears to be subject to this law, a certified letter will be sent apprising him/her of the responsibility to obtain a competency assessment. If a licensee believes that the letter has been received in error, or that further clarification regarding the assessment is needed, he/she is instructed to contact the Board. **See New Laws section below.**

### **☐Address of Record☐**

The Board's regulations require that you provide an address of record for the purpose of official communication. If your address changes, you need to notify the Board within 30 days. A new law, effective July 1, 2009, allows licensees to have the address of record remain confidential if a second address for release to the public is provided to the Board.

### **☐Cooperation with Department of Health Professions Investigators☐**

It is a violation of Board of Medicine regulation 18VAC85-20-105 to willfully refuse to provide information or records to a DHP investigator representing the Board.

### **☐Ad Hoc Committee on Competency☐**

The Board's Ad Hoc Committee on Competency was constituted to review the issues of continuing competency and initial competency. The committee made a recommendation to the Board of Medicine regarding requirements for initial licensure in 2009. At its June 2009 meeting, the Board of Medicine adopted the following statement: that the Board propose legislation that applicants for initial licensure must show evidence of completion of an ACGME/AOA approved residency in the specialty in which the applicant intends to practice in the Commonwealth. Further, the applicant must also be "board eligible" as a result of the completion of the residency. The Board has not carried this recommendation forward in a legislative effort as yet. The Ad Hoc continues to meet with an emphasis on continuing competency, last meeting on May 24, 2011. It is anticipated that the Board will participate in a pilot project with the Federation of State Medical Boards to determine best practices for boards.

### **☐Ad Hoc Committee on Office-Based Surgery☐**

The Board currently has regulations for office-based anesthesia that are applicable to practitioners that perform procedures outside hospitals and licensed ambulatory care centers. The plastic surgery community asked that the Board consider requirements for office-based surgical procedures; these would essentially be a companion set of requirements to those in the anesthesia regulations. At its August 7, 2009 meeting, the Executive Committee of the Board voted to establish an ad hoc committee. The committee consists of representatives from the specialties of family practice, dermatology, OB-GYN, orthopedics, plastic surgery,

gastroenterology, podiatry, general surgery, vascular surgery and anesthesiology. The committee has met three times. Most of the discussion has been centered on cosmetic surgery and the qualifications necessary to be able to perform certain procedures. Data on outcomes and patient safety have been reviewed to the extent possible. At its meeting in January 2011, the committee voted on a recommendation to be forwarded to the full Board of Medicine. The recommendation, “that a guidance document on office-based surgical procedures be created for use during the development of proposed regulations to protect patients from the threat of inadequately trained providers who offer cosmetic and other surgical services in outpatient settings” was considered by the Board at its February 17, 2011 meeting. The Board’s response was “that this subject be remanded back to the Ad Hoc Committee for more definition on the nature and scope of any limitations on licensees performing procedures in office-based settings.” The committee is being reconstituted with broader stakeholder representation with plans to meet in January 2012.

**Recent Licensing Counts**

Doctors of Medicine and Surgery .....	34,393
Doctors of Osteopathic Medicine.....	1,992
Doctors of Podiatry .....	478
Interns & Residents .....	2,760
Doctors of Chiropractic .....	1,692
Athletic Trainers.....	1,045
Licensed Acupuncturists .....	417
Licensed Midwives.....	54
Limited Radiologic Technologists .....	699
Occupation Therapists.....	3,011
Occupational Therapy Assistants.....	910
Physician Assistants .....	2,240
Radiologic Technologists.....	3,409
Respiratory Care Practitioners .....	3,596
Restricted Volunteers .....	54
University Limited Licensees.....	29
Volunteer Registration .....	1

## **☐PHYSICIAN PROFILE MALPRACTICE DATA 9-8-2011☐**

(Number of reported Paid Claims by Specialty since 2008 (top 6 specialties))

### **Number of Paid Claims by Specialty**

- 104-Obstetrics & Gynecology
- 100-Surgery
- 97-Radiology
- 81-Internal Medicine
- 68-Emergency Medicine
- 68-Orthopaedic Surgery

### **Average amount of reported Paid Claims for top 6 specialties since 2008**

Average\*-Specialty

- \$359,410.69-Emergency Medicine
- \$374,412.75-Orthopaedic Surgery
- \$421,241.15-Surgery
- \$423,076.75-Obstetrics & Gynecology
- \$445,775.90-Radiology
- \$607,378.55-Internal Medicine
- \*Average excludes claims reported as \$0.00

## **☐LASER HAIR/SURGERY GUIDANCE☐**

All physicians should be familiar with the laws, regulations and guidance if becoming affiliated with an entity that provides laser aesthetics. The Board has a law that defines laser surgery that states:

**§54.1-2400.01. Certain definition.** As used in this subtitle, "laser surgery" means treatment through revision, destruction, incision or other structural alteration of human tissue using laser technology. Under this definition, the continued use of laser technology solely for nonsurgical purposes of examination and diagnosis shall be permitted for those professions whose licenses permit such use.

The Board formed an Ad Hoc Committee to develop policy about the use of lasers in aesthetic medicine. The result was Guidance Document 85-7. It appears below

in its entirety. Physicians have been disciplined relative to their relationship with aesthetic entities. The three most common reasons have been: 1) agreeing to be Medical Director in name only, 2) aiding and abetting the unlicensed practice of medicine, and 3) prescribing medication without a bona fide doctor-patient relationship. Be familiar with the laws and regulations and the guidance document below if you plan to work in the aesthetics realm.

## **GUIDANCE DOCUMENT FOR LIGHT-BASED HAIR REMOVAL IN PHYSICIAN PRACTICES**

### **INTRODUCTION**

Light-based hair removal is and has been available in Virginia in physicians' practices and, as in other states, in nonmedical settings as well. The Board of Medicine receives a number of inquiries about the modality, usually in the realm of, "Does the Board of Medicine have laws or regulations governing light-based hair removal?" and "Is light-based hair removal considered the practice of medicine?"

There have been no Board of Medicine laws or regulations that specifically address light-based hair removal to inform the public, physicians and Board staff about this modality. Given the level of interest and lack of clarity in Virginia and across the nation on this matter, the Board determined that a review of the practice of laser hair removal should be undertaken. To accomplish this, an Ad Hoc Committee on Laser Hair Removal comprised of Board members and stakeholders was appointed to study light-based hair removal as it relates to the practice of medicine, public safety and the Board's role.

### **CURRENT VIRGINIA LAW**

There is nothing in Virginia law specific to laser hair removal, the use of lasers or the delegation of authority to use lasers. However, in Section 54.1-2400.01 of the *Code of Virginia*, there is a definition of laser surgery as follows:

*As used in this subtitle, "laser surgery" means treatment through revision, destruction, incision or other structural alteration of human tissue using laser*

*technology. Under this definition, the continued use of laser technology solely for nonsurgical purposes of examination and diagnosis shall be permitted for those professions whose licenses permit such use.*

Additionally, Chapter 29 in Title 54.1 (the Medical Practice Act) has general law about delegation. Found in Section 54.1-2901, there are exceptions to the requirement for a license to practice medicine in (4) and (6) for:

*...4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine;*

*6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts; ...*

## **CURRENT VIRGINIA REGULATIONS**

Again, there are no Board regulations on the practice of laser hair removal in physician practices, but 18VAC85-20-29 on practitioner responsibility specifies that:

*A. A practitioner shall not:*

*1. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;*

The foregoing laws and regulations make it quite clear that a licensee of the Board can delegate certain tasks and will be held accountable for the performance by subordinates.

What is not clear from the above laws and regulations is whether light-based hair removal is the practice of medicine.

## **MEDICAL OR AESTHETIC?**

The statutory argument made for light-based hair removal not being considered the practice of medicine is the definition of the practice of medicine in the Code of Virginia. Section 54.1-2900 defines the practice of medicine as:

*"Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method."*

Given that normal hair follicles and normal hairs are the target of services, there appears to be no prevention or diagnosis of pathological conditions involved that would make light-based hair removal the practice of medicine. Misdiagnosis is often used as the argument that these services should be provided by physicians. The most worrisome missed diagnosis would be a malignancy. There are no malignant hairs, but there are some rare follicular tumors.

If the practice of medicine involves diagnosis and pathology, and if it is true that pathology requiring diagnosis is rarely encountered in those individuals seeking light-based hair removal services, then the larger issue for patient safety becomes the use of the machine and its potential for patient harm. The energy from the light-based devices penetrates into the dermis and usually temporarily disables the hair follicle. In the hands of inadequately trained personnel, the machine becomes a greater risk factor, so proper training was seen by the committee as the most significant element in ensuring the public's safety. Just behind training in its impact on patient safety was supervision and supervision will always be an issue when these services are provided in a physician's practice.

## **BOARD ACCEPTANCE OF COMMITTEE RECOMMENDATIONS**

Based on the Committee's recommendations and further review by the Legislative Committee, the Board adopts the following principles:

1. That the use of intense pulsed light devices solely for the removal of hair does not appear to be the practice of medicine.



2. That the use of light-based devices that involve revision, destruction, incision or other structural alteration of human tissue constitutes laser surgery in accordance with § 54.1-2400.01 of the Code of Virginia.

Given these two principles, coupled with the laws and regulations governing physician delegation and responsibility, the Board provides the following guidance.

## **GUIDANCE**

Physicians who perform or delegate any aspect of light-based hair removal are fully responsible for the provision of such services and should maintain written policies and procedures to include:

- 1) Training and/or certification for staff involved in hair removal services
- 2) Initial assessment of patient
- 3) Informed consent
- 4) Energy or fluence setting
- 5) Management of complications
- 6) Emergency preparedness and procedures
- 7) Procedure if treatment results in an adverse reaction
- 8) Post-treatment follow-up.

The written policies and procedures should indicate the level of discretion granted to staff, as well as criteria that necessitated physician involvement.

### **☐Licensing of Occupational Therapy Assistants Proceeding☐**

To date, 907 OTA's have been issued active licenses. The October 2010 Advisory Board on Occupational Therapy determined that the date by which occupational therapy assistants should be licensed or be given a reprimand would be April 1, 2011. As the letter to all occupational therapists informing them of this deadline did not get in the mail until February 2011, the date has been extended to June 1, 2011. Encourage all OTA's to get licensed by this date.

### **☐Radiologist Assistants☐**

The new profession of radiologist assistant was established by law passed in the 2009 Session of the General Assembly. Here is the statutory definition of radiology assistant:

*“Radiologist assistant” means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists. Many stakeholders have helped in the development of the regulations for the licensure and regulation of this profession. The Governor has signed the regulations, and licensing of radiologist assistants can proceed on December 7, 2011.*

#### **☐Use of the title “Acupuncturist” ☐**

If you are a doctor of medicine, osteopathic medicine, podiatry or chiropractic and are qualified to practice acupuncture, remember that you cannot use the term acupuncturist in your advertising or otherwise represent yourself as an acupuncturist. That title is reserved solely for licensed acupuncturists. See the following section of the Code of Virginia:

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-2956.9>

#### **☐Midwifery and Disclosure☐**

HB2163 from the 2009 Session of the General Assembly became law on July 1, 2009. This law requires midwives to disclose to their patients, when appropriate, options for consultation, referral to a physician, and evidence-based information on health risks associated with home birth, including but not limited to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation. Final regulations in this matter have been approved by the Board of Medicine and are currently in the Department of Planning and Budget for review.

## Work Group on Midwifery and Medications

In response to interest from the midwifery community, the public and the Advisory Board on Midwifery, the Board of Medicine convened a workgroup to look at the issue of medications and the practice of midwifery in Virginia. The group met three times, last on May 5, 2011. At that meeting, Dr. Bader and Ms. Potter presented the work group with responses to specific questions raised at the February 4, 2011 meeting. Subsequently, Dr. Bader and Ms. Potter wrote a letter to the Board suggesting that the matter be tabled indefinitely. At its June meeting the Board voted to table the workgroup. The workgroup may be activated at some point in the future.

## Polysomnography

HB 725 from the 2010 Session of the General Assembly established the profession of polysomnography and the Advisory Board on Polysomnography. Governor McDonnell has appointed the 5 members of the Advisory Board, which first met in February 2011. The first task for the Advisory Board will be the promulgation of regulations for licensure and regulation of the profession. The Board of Medicine has approved proposed regulations which are currently at the Department of Planning and Budget for review.

## New Laws in Effect

- A prescriber of controlled substances who has reason to suspect that a person has obtained or attempted to obtain a controlled substance or prescription for a controlled substance by fraud or deceit may report the activity to local law enforcement for investigation. The prescriber who reports in good faith shall not be liable for civil damages in connection with furnished such information or records.

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-3408.2>

- Critical care medicine specialists are now included as specialists that can lawfully opine about a patient being irretrievable in concert with other physicians as outlined in Section 54.1-2972 of the Code of Virginia:

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-2972>

- Amendments have been made to the law governing advance medical directives that clarify the authority of an advance directive in cases in which a person is subject to an emergency custody, temporary detention, involuntary admission or mandatory outpatient treatment order. The revisions also eliminate the requirement that a second physician or licensed clinical psychologist provide a written certification that a patient is incapable of making an informed decision in cases in which the patient is unconscious or experiencing a profound impairment of conscious function due to trauma, stroke, or other acute physiological condition. Additionally, the new law adds a provision authorizing a person who has exhibited special care and concern for a patient and is familiar with the patient's beliefs and values to make health care decision on that patient's behalf if the patient is incapable of making an informed decision, except in cases in which the proposed treatment involves the withholding or withdrawing of a life-prolonging procedure. It also clarifies the procedure regarding decisions made over a patient's protest and provides that a public guardian may authorize admission of an incapacitated person to a mental health facility in certain situations.
- The Board of Medicine shall consider the military education and experience of applicants for licenses in respiratory care, occupational therapy, radiologist assisting, radiologic technology and radiologic technology-limited.
- The Board of Medicine will extend the expiration of licenses held by the spouse of a member of the armed forces of the United States when the spouse accompanies the service member for an overseas duty assignment.
- The signature of a physician assistant will be accepted in those circumstances that the signature, certification, stamp, verification, affidavit or endorsement of a physician is required.
- The definition of podiatry is expanded to include the diagnosis and treatment of lower extremity ulcers, provided that the treatment of severe lower extremity ulcers proximal to the foot and ankle only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges.

- Laboratories may send results of studies directly to insurance carriers with the patient's permission.
- The Board of Medicine three paid claims assessment law is changed to require 3 claims of greater than \$75,000 to trigger the assessment, and the time for obtaining the assessment is extended to 18 months.
- Health care practitioners providing care during transport to and from Virginia are exempted from Virginia licensure as long as they are licensed and in good standing with their licensing board in another state.
- Law has been passed that clarifies the authority for a healthcare professional to share information obtained from the Virginia Prescription Monitoring Program with another healthcare professional when it is related to the care or treatment of a patient.
- A prescriber of controlled substances who has reason to suspect that a person has obtained or attempted to obtain a controlled substance or prescription for a controlled substance by fraud or deceit may report the activity to local law enforcement for investigation. The prescriber who reports in good faith shall not be liable for civil damages in connection with furnished such information or records.
- Nurse practitioners and physician assistants can now determine the cause of death and sign the death certificate provided they have access to the decedent's medical history and the death is due to natural causes.
- Emergency department physicians are added to the list of those that can sign death certificates, and immunity is granted for a good faith completion of the death certificate. See below:

In the absence of ~~the~~ *such* physician or with his approval, the certificate may be completed and signed by ~~an associate~~ *another physician employed or engaged by the same professional practice, a nurse practitioner or physician assistant supervised by such physician, the chief medical officer of the institution in which death occurred, a physician specializing in the delivery of health care to hospitalized or emergency department patients who is employed by or engaged by the facility where the death occurred, or the physician who performed an autopsy*

upon the decedent, if such individual has access to the medical history of the case and death is due to natural causes.

*F. A physician, nurse practitioner or physician assistant who, in good faith, signs a certificate of death or determines the cause of death shall be immune from civil liability, only for such signature and determination of causes of death on such certificate, absent gross negligence or willful misconduct.*



## COMPENSATED COMMUNITY SERVICE OPPORTUNITY AS A LOCAL MEDICAL EXAMINER

Are you a fan of TV shows like CSI, Law and Order, and Criminal Minds or of novels by such authors as Grisham, Baldacci and Cornwell? As a licensed Virginia doctor, you have the opportunity to enter the real world of medicolegal death investigation by performing a valuable community service and assisting law enforcement within your locality while receiving monetary compensation. Serving the citizens of Virginia as a part-time Local Medical Examiner (LME) is not only rewarding but extremely interesting as it allows you, the physician LME, to enter the intriguing and restricted world of medicolegal death investigation and still maintain your full time medical practice.

There are many benefits to being appointed Local Medical Examiner in your community and it requires only a small investment of your time, about an hour for each case investigated.

1. As an agent of the Commonwealth of Virginia you would be **compensated \$150 for every case** you accept under the jurisdiction of the Office of the Chief Medical Examiner to investigate with an **additional \$50** for every non-hospital death scene you choose to visit as part of your investigation and for every cremation permit you certify for a funeral home.
2. While acting as LME you will **not require any additional malpractice coverage** as your medical examiner work as an agent of the Commonwealth is covered by the Commonwealth of Virginia.
3. As a LME you will be eligible to attend **free biannual LME training programs** provided within the districts by the Office of the Chief Medical Examiner for **8 hours of CME credit** per program.
4. While functioning as a LME you will get to know the **law enforcement officers** and Commonwealth's Attorneys within your community **expanding** your professional acquaintances and work partners from your interaction with them as a LME.
5. Through your LME duties you will be performing a very critical **community service** for the individuals who reside in your locality by ensuring that those who die a violent or unnatural death have their cases thoroughly and properly investigated and their cause and manner of death appropriately certified.
6. As a Virginia LME you will be working within a **nationally recognized, statewide medicolegal death investigation system** with four separate district offices employing fulltime, board certified forensic pathologists to perform autopsies on your medical examiner cases and fulltime medicolegal death investigators to assist you with your investigations and the minimal paperwork required for case completion.

If you have questions or are interested in serving as a Local Medical Examiner for your community, please contact Mrs. Donna Price, our Statewide LME Coordinator, directly at 804-786-1032 or through the Richmond Office of the Chief Medical Examiner phone number 804-786-3174 option #1. Thank you.

## DMV Medical Review Process

At the request of Jackie Branche of DMV, the following is included for your review. She emphasizes that she is available to give talks on the process. Her contact information is at the end of the article.

The Virginia Department of Motor Vehicles (DMV) monitors drivers who have any condition or take medications that may impair their ability to safely operate a motor vehicle or affect their level of consciousness, judgment, mobility and visual perception. We rely solely on written reports informing us that a driver may be impaired from many sources including law enforcement, healthcare providers, family members, the courts and concerned citizens.

Once DMV receives a report of a possibly impaired driver, the report is reviewed by our professional medical staff to determine if a medical review should be initiated. If so, the driver must furnish an acceptable medical report or vision report, completed by their medical doctor or nurse practitioner, within 15-30 days, in accordance with Virginia statute. In accordance with new legislation that took effect on July 1, 2011, DMV will begin accepting medical reports that have been completed by physician's assistants. Reports are reviewed and a determination is made, in accordance with Virginia law standards and medical policies that have been established by the DMV Medical Advisory Board, whether a driver:

- is safe enough to continue to operate a motor vehicle
- should re-test with DMV
- undergo a driver evaluation with a certified driver rehab specialist (CDRS) or licensed occupational therapist (OTR/L) who is trained to conduct driver evaluations
- or retire from driving

Each case is evaluated on its own merits. If the medical information indicates that the driver is capable of safely driving, and the driver has successfully met all test requirements, the driver's case may be dismissed or the driver may remain on periodic medical monitoring.

Regarding dementia, the DMV Medical Advisory Board's policy states that if a driver has dementia, memory loss or memory impairment, cognitive impairment, gets lost, has suffered from a traumatic brain injury or stroke, he or she must successfully pass a driver evaluation with a CDRS or OTR/L and the DMV knowledge and road tests. Drivers with these diagnoses are then required to



remain on periodic medical monitoring; furnishing an updated medical report every six months. Subsequent testing may be required if the driver's healthcare provider indicates so or the driver is reported to DMV again for driving that is indicative of declining health.

The valuable services provided by driver rehabilitation specialists and licensed OTR/Ls help keep our roads and the public safer, as well as our examiners who administer road tests to those drivers who are on medical review. We know of 18 facilities in Virginia that provide this service and a demand for more appears imminent with the aging population. DMV provides a list of these facilities to drivers who are required to undergo a driver evaluation so they may choose one that is convenient for them. DMV submitted a short notification to the Virginia Board of Medicine for their March, 2011 news letter regarding the services of driver rehab specialists and how a driver evaluation can assist physicians in determining if a patient is able to safely operate a motor vehicle.

For more information on the DMV medical review process, how to obtain a driver evaluation for a patient, or to have someone speak to your group about this process, you may contact Jackie Branche, R. N., Healthcare Compliance Officer, DMV Medical Review Services at (804) 367-4380 or send email to [Jacquelin.Branche@dmv.virginia.gov](mailto:Jacquelin.Branche@dmv.virginia.gov).

### **☐Americans with Disabilities Act☐**

All licensees should be aware of the requirements of the Americans with Disabilities Act. Of particular note is the requirement to provide for effective communication with people with hearing, vision, or speech disabilities. Please note the following summary of ADA Title III.

#### **ADA Title III: Public Accommodations**

Title III covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are private entities who own, lease, lease to, or operate facilities such as restaurants, retail stores, hotels, movie theaters, private schools, convention centers, doctors' offices, homeless shelters, transportation depots, zoos, funeral homes, day care centers, and recreation facilities including sports stadiums and fitness clubs. Transportation services provided by private entities are also covered by title III.

Public accommodations must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment. They also must comply with specific requirements related to architectural standards for new and altered buildings; reasonable modifications to policies, practices, and procedures; effective communication with people with hearing, vision, or speech disabilities; and other access requirements. Additionally, public accommodations must remove barriers in existing buildings where it is easy to do so without much difficulty or expense, given the public accommodation's resources.

Courses and examinations related to professional, educational, or trade-related applications, licensing, certifications, or credentialing must be provided in a place and manner accessible to people with disabilities, or alternative accessible arrangements must be offered.

Commercial facilities, such as factories and warehouses, must comply with the ADA's architectural standards for new construction and alterations.

Complaints of title III violations may be filed with the Department of Justice. In certain situations, cases may be referred to a mediation program sponsored by the Department. The Department is authorized to bring a lawsuit where there is a pattern or practice of discrimination in violation of title III, or where an act of discrimination raises an issue of general public importance. Title III may also be enforced through private lawsuits. It is not necessary to file a complaint with the Department of Justice (or any Federal agency), or to receive a "right-to-sue" letter, before going to court. For more information, contact:

U.S. Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue, N.W.  
Disability Rights Section - NYAV  
Washington, D.C. 20530  
[www.ada.gov](http://www.ada.gov)  
(800) 514-0301 (voice)  
(800) 514-0383 (TTY)

## BOARD DECISIONS

The following list contains decisions from April 11, 2011 thru October 18, 2011. You may access these decisions at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) (select "License Lookup") or at [www.vahealthprovider.com](http://www.vahealthprovider.com) for most MD's, DO's and DPM's. You may also contact the Board Office at (804) 367-4505 to request a copy.

NAME AND LICENSE NO.	DATE OF ACTION	<u>April 11, 2011 THRU October 18, 2011 ACTIONS</u>
Aaron, Caren, MD 0101-057839 Martinsville, VA	08/12/11	Reprimand; license subject to terms and conditions based on one patient case of prescribing controlled substances despite evidence of drug seeking behavior and failure to perform any urine or drug screens, conduct pill counts, and perform or require office visits and a physical examination to determine efficacy of medications prescribed.
Aggroia, Abhay V., MD 0101-055856 Woodbridge, VA	05/18/11	Compliance with the Board's Order entered 11/03/2009; terms terminated and license restored to full and unrestricted status.
Alego, James H., MD 0101-243087 Hendersonville, TN	07/20/11	Violation, no sanction; based on action by Texas Medical Board, has complied with Order by Texas Medical Board dated 02/04/2011.
Alvarado, Jacinto C., MD 0101-053159 Bristol, VA	09/22/11	Indefinite probation, license subject to terms and conditions, prohibited from prescribing and administering Schedule II, III, IV controlled substances based on multiple patient cases of prescribing controlled substances for pain management without obtaining complete patient history, performing complete physical exams, and without medical justification or diagnosis; failure to regularly conduct drug/serum screens or pill counts; failure to develop a comprehensive pain management treatment plan; prescribed controlled substances to multiple patients exhibiting drug seeking

		behavior; post dated prescriptions for Schedule II controlled substances for multiple patients; and failure to maintain accurate and complete records.
Amarasinghe, Disamodha C., MD 0101-026245 Norfolk, VA	05/10/11  07/06/11	Summary suspension based on violation of terms in Consent Order entered 02/23/11, consisting of prescribing, administering, or dispensing Schedule II-V controlled substances when prohibited, failure to properly dispose of any and all Schedule II-V controlled substances, and failure to undergo a comprehensive clinical competency assessment. Indefinite suspension for period not less than twenty-four (24) months based on violation of terms in Consent Order of the Board entered 02/23/2011. Indefinite suspension for period not less than twenty-four (24) months based on violation of terms in Consent Order of the Board entered 02/23/2011.
Artopee, Raymon T., DPM 0103-000939 Hopewell. VA	06/01/11  07/14/11	Summary Suspension based on impairment or unfit to practice podiatry with reasonable skill and safety because of illness and/or substance abuse. Indefinite suspension continued for not less than four (4) months, four months from Order suspension will be stayed if compliant with terms and conditions requiring entry and compliance with HPMP based on impairment or unfit to practice podiatry with reasonable skill and safety due to illness and/or substance abuse.
Atkinson, William C., Jr., PA 0110-840667 Salem, VA	08/29/11	Mandatory Suspension based on felony conviction in the Circuit Court of the County of Roanoke, Virginia, to wit: one count of abduction; one count of use of a firearm in the commission of a felony and two counts of child abuse and neglect.
Basavaraj, Durgada, MD 0101-045349 Richmond, VA	09/28/11	Reprimand, shall surrender DEA registration and submit evidence of

	10/17/11	surrender to Board based on multiple cases of prescribing controlled substances without performing a comprehensive treatment plan and monitoring narcotic usage or responding to signs of patient misuse or abuse and failure to maintain complete and accurate records. Compliance with the Board's Order entered 09/28/2011; terms terminated and license restored to full and unrestricted status.
Blair, Shawn M., PA 0110-001382 Newport News, VA	08/02/11	Reprimand, shall remain in HPMP and comply fully with terms of contract based on multiple occasions of diverting Dilaudid injection solution and intramuscular Dilaudid for personal and unauthorized use, being unable to practice as a physician assistant with reasonable skill and safety due to substance abuse, attempting to obtain prescriptions for Percocet and Fexeril for a family member by calling in prescriptions claiming to be a nurse on behalf of a physician, who had not authorized such prescriptions, and writing a prescription for Lortab for a family member outside of a bona fide practitioner-patient relationship.
Braswell, Cameron E., MD 0116-021619 Manassas, VA	04/11/11	Reprimand; shall remain in HPMP and fully comply with contract based on being unable to practice due to mental illness and/or substance abuse.
Briggs, Addie J., MD 0101-226981 Richmond, VA	08/23/11	Compliance with the Board's Order entered 11/01/2010; terms terminated and license restored to full and unrestricted status.
Budd, Gregory M., DC 0104-556887 Ashburn, VA	04/14/11	Application for full and unrestricted license granted and issued a Reprimand based on briefly practicing without a license.
Bugbee, George W., MD 0101-047379 Manakin Sabot, VA	09/26/11	Reprimand, license subject to terms and conditions based on one patient case where pre-anesthesia evaluation was insufficient, failure to perform or document adequate

		history and physical examination and proceeded to perform a left interscalene block on patient despite the fact the patient was unconscious and/or nonresponsive after being sedated; delay in initiation of chest compressions and cardioversion in another patient case.
Burke, David F., MD 0101-048032 Arlington, VA	10/07/11	License reinstated to full and unrestricted status.
Cashion, Tammy L., DC 0104-000806 Centreville, VA	05/10/11	Mandatory suspension based on guilty plea of a felony charge in United States District Court, Eastern District of Virginia, Alexandria Division to wit: one (1) count of conspiracy to commit health care fraud.
Chang, Wayne Wei-Yuan, MD 0101-226040 Glen Allen, VA	05/25/11	Compliance with the Board's Order entered 11/02/2009; terms terminated and license restored to full and unrestricted status.
Cheek, Linda S., MD 0101-049522 Dublin, VA	07/08/11	Indefinite suspension for a period not less than 12 months from entry of order based on writing two prescriptions for controlled substances without a DEA registration and participating in an agreement with another physician to authorize prescriptions for controlled substances for Dr. Cheek's patients even though said physician did not see nor examine the patients but based her orders on Dr. Cheek's evaluations and orders.
Clark, Bendik L., MD 0101-235726 Johnson City, TN	06/30/11	License reinstated; shall remain in HPMP and fully comply with contract.
Clark, Craig C., MD 0101-037862 Reston, VA	10/12/11	Voluntary surrender of license based on being unable to practice medicine and surgery with reasonable skill and safety due to a traumatic brain injury.
Clowdis, William G., MD 0101-047103 Red House, VA	05/24/11  05/27/11	Continued on indefinite suspension with suspension stayed and license reinstated upon compliance with entrance into HPMP. Compliance with the Board's Order entered 05/24/2011; terms terminated and license restored to full and unrestricted

		status.
Cole, Richard C., MD 0101-036915 Stuart, VA	04/26/11  06/14/11	Reprimand; license subject to terms and conditions based on two patient cases of prescribing narcotics without performing an examination; failure to develop comprehensive treatment plans; failure to review and monitor efficacy of treatment; and continued prescribing to patients exhibiting drug-seeking behavior. Compliance with the Board's Order entered 04/26/2011; terms terminated and license restored to full and unrestricted status.
Curcio, Paul J., DC 0104-000808 Centreville, VA	09/22/11	Reprimand, license subject to terms and conditions based on guilty plea in U.S. District Court, Eastern District of Virginia, Alexandria Division of one count of conspiracy to commit misdemeanor theft.
Curry, Charlene A., MD 0101-226498 Fairfax, VA	07/25/11	Reprimand; Ordered to remain in HPMP and comply with contract based on being unable to practice medicine with reasonable skill and safety due to substance abuse.
Cypress, Stanley D., MD 0101-027961 Hampton, VA	05/24/11	Revocation of license based on inability to practice medicine with reasonable skill and safety due to mental illness.
D'Alessandro, John B., PA 0110-840817 Roanoke, VA	04/25/11	Reprimand based on failure to submit written protocol for current position and failure to have on identification clearly showing not a doctor but a physician assistant.
Downey, Mark P., MD 0101-234401 Louisville, KY	08/02/11	Reprimand, shall not practice medicine and surgery until evidence provided to Board of completion of monitoring contract with the Kentucky Foundation or evidence of entrance into Recovery Monitoring Contract with Virginia HPMP, and shall obtain written approval from Board before engaging in practice of medicine and surgery in Virginia based on action by Kentucky Board of Medical Licensure.

Driscoll, Candice M., PA 0110-002328 Clifton, VA	06/27/11  08/17/11	Reprimand and \$1000 monetary penalty based on practicing without holding a valid license which had expired due to non-renewal. Compliance with the Board's Order entered 06/27/2011; terms terminated and license restored to full and unrestricted status.
Egan, James H., MD 0101-042094 Silver Springs, MD	04/21/11	Reprimand based on action by the Maryland Board of Physicians.
Erle, Stephen M., DC 0104-556636 Worton, MD	10/04/11	Continued on indefinite suspension, suspension shall be stayed upon compliance with terms and conditions based on knowingly and voluntarily surrendering Maryland license to avoid disciplinary action and failure to comply with Maryland's Order.
Flowers, Adolph, MD 0101-045764 Emporia, VA	07/01/11	Compliance with the Board's Order entered 08/27/2010; terms terminated and license restored to full and unrestricted status.
Forbes, Sarah E., MD 0101-012203 Newport News, VA	05/16/11	Voluntary surrender of license.
Fusco, Carl E., PA 0110-840342 Norfolk, VA	05/16/11	Violation of improper use of M.D., violation of deceptive advertising, and failure to have supervising physician see patients after 4 visits; No sanction imposed due to corrective action.
Geier, Mark R., MD 0101-048672 Rockville, MD	06/09/11	Mandatory Suspension based on action by the Maryland State Board of Physicians.
Gibbs, Richard T., MD 0101-244725 Sewickley, PA	05/04/11	Mandatory Suspension based on action by the New York State Board for Professional Medical Conduct.
Gilliam, Linda H., MD 0101-043515 Jonesboro, AZ	07/08/11	Mandatory Suspension based on action by the <b>North Carolina Medical Board.</b>
Golding, John V., Jr., MD 0101-030491 Silver Spring, MD	07/13/11	Reprimand based on failure to regularly practice in location where individual A, a nurse practitioner who he supervised, practiced and exercised prescriptive authority.



Gonzalez, Felicia G., DO 0102-201714 Toms River, NJ	05/23/11	Mandatory suspension based on surrender of license to the New Jersey State Board of Medical Examiners.
Gubb, Geoffrey W., MD 0101-028868 Belle Haven, VA	08/08/11	Voluntary surrender of license in lieu of compliance with the terms and conditions of the Amended Order entered October 15, 2010 nunc pro tunc.
Gurralla, Joseph P., MD 0101-242248 Reston, VA	05/12/11	Reprimand; \$1000 monetary penalty; and license subject to terms and conditions based on one patient case, while in residency training program, of providing medication management outside residency supervision and failure to maintain record of numerous encounters; misrepresentation on application for licensure to the District of Columbia Board of Medicine regarding resignation from residency program; and provided false information to Board for physician profile system related to medical education, practice areas, honors and awards.
Gyarteng-Dakwa, Kwadwo, MD 0101-230956 Greensboro, NC	07/13/11	Violation no sanction; required to provide written verification of compliance with the public letter of concern issued 06/01/2011 by the North Carolina Medical Board.
Haga, Edward W., MD 0101-043992 Hampton, VA	05/04/11	License suspended for a period not less than six months. License should be immediately reinstated at expiration of six (6) month suspension if CME acceptable based on engaging in sexual relationship with a patient concurrent with and by virtue of the practitioner-patient relationship.
Hamrick, John D., MD 0101-025806 Williamsburg, VA	05/01/11	Voluntary permanent surrender of license in lieu of disciplinary proceedings.
Hankerson, James G., MD 0101-056818 Tampa, FL	07/18/11	Reprimand based on action by the Florida Department of Health.
Hanna, Howard M., MD 0101-019264 Fort Defiance, VA	10/04/11	License reinstated to full and unrestricted status.

Harris, Lisa M., MD 0101-051061 Virginia Beach, VA	07/07/11	Reprimand based on failure to notify patients or publish a prior notice of closure of practice in a newspaper of general circulation in practice area.
Heatwole, Stanley E., MD 0101-018611 Staunton, VA	09/12/11	Reprimand based on failure to take appropriate action to address abnormal tests in one patient case.
Hellams, Ralph D., Jr., MD 0101-056184 Manakin Sabot, VA	04/11/11	Compliance with the Board's Order entered 05/06/2010; terms terminated and license restored to full and unrestricted status.
Hennessey, Thomas J., DC 0104-001801 Petersburg, VA	04/14/11	Compliance with the Board's Order entered 08/23/2010; terms terminated and license restored to full and unrestricted status.
Hereford, William L., MD 0101-043705 Staunton, VA	08/24/11	Reprimand based on attesting on his biennium renewal form for Current Active Medicine & Surgery license that 60 hours of CME had been completed, in the two years since the last renewal of license, when in fact only 34 hours had been completed.
Heywood, James R., MD 0101-052104 Richmond, VA	06/20/11  07/19/11	Reprimand, license subject to terms and conditions based on one case of prescribing without a bona fide practitioner-patient relationship and signing prescription blanks that were used to obtain OxyContin, oxycodone, and hydrocodone.  Compliance with the Board's Order entered 06/20/2011; terms terminated and license restored to full and unrestricted status.
Hill, Kenneth F., MD 0101-240072 Union, SC	04/26/11	Voluntary surrender for indefinite suspension based on failure to meet the orthopedic standard of care and requisite standard of care for orthopedic treatment in several patient cases and failure to maintain accurate and complete patient records.
Holland, Mary D., DC 0104-000502 Lynchburg, VA	04/27/11	License reinstated; shall remain in HPMP and fully comply with contract.

Hopkins, Gerald T., III, MD 0101-237408 Christiansburg, VA	04/20/11	Reprimand based on failure to submit written protocol regarding roles and functions along with providing an evaluation process for physician assistant being supervised.
Hudson, Marnie L., PA 0110-002473 Roanoke, VA	08/30/11  09/28/11	Reprimand, license subject to terms and conditions based on prescribing Percocet to an individual outside of a bona fide practitioner-patient relationship and prescribing Schedule II controlled substances without having authorization from the Board to do so. Compliance with the Board's Order entered 08/30/2011; terms terminated and license restored to full and unrestricted status.
Hughes, Andrew O., DC 0104-001438 Danville, VA	09/02/11	Reinstatement denied; license continued on indefinite suspension based on being unfit for the performance of professional obligations and duties as a chiropractor due to substance abuse and/or mental illness and unable to resume the practice of chiropractic in a safe & competent manner.
Hussain, Nizar M., MD 0101-225617 Woodbridge, VA	06/01/11  10/18/11	Summary suspension based on engaging in sexual contact concurrent with and by virtue of the practitioner-patient relationship, and/or otherwise engaging during the course of the practitioner-patient relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive and that was intended for sexual gratification. Indefinite suspension for a period not less than thirty (30) months from date of Summary Suspension Order entered 06/01/2011 based on several cases of engaging in sexual contact concurrent with and by virtue of the practitioner-patient relationship, and/or otherwise engaging during the course of the practitioner-patient

		relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive and that was intended for sexual gratification.
Jaberi, Maryam, MD 0101-231701 Havre de Grace, MD 21098	07/14/11	Compliance with the Board's Order entered 02/07/2008; terms terminated and license restored to full and unrestricted status.
Jennings, Torino R., MD 0101-235681 Mechanicsville, VA	06/24/11	License reinstated on indefinite probation; subject to terms and conditions, and \$5000 monetary penalty.
Kashif, Fahim N., PA 0110-002982 Hurlock, MD	05/18/11	Compliance with the Board's Order entered 02/24/2009; terms terminated and license restored to full and unrestricted status.
Kelly, Glenn R., DC 0104-555985 Winchester, VA	06/09/11	Compliance with the Board's Order entered 11/04/2010; terms terminated and license restored to full and unrestricted status.
Kigonya, Peter, MD 0101-240698 Galax, VA	07/14/11	Reprimand based on fraudulently documenting a patient's record despite the fact the patient was never examined.
Kramer, Ralph L., MD 0101-039409 Stuart, VA	05/31/11	Compliance with the Board's Order entered 03/10/11; terms terminated and license restored to full and unrestricted status.
Kump, Leila, MD 0101-243155 Gaithersburg, MD	06/22/11	Compliance with the Board's Order entered 02/15/2011; terms terminated and license restored to full and unrestricted status.
Lagundino, Flordelino C., MD 0101-027784 Tappahannock, VA	08/31/11	Reprimand, license subject to terms and conditions based on participation in an arrangement with a physician prohibited by the Board from prescribing, administering, or dispensing Schedule II-V controlled substances whereby he prescribed or authorized the administration of controlled substances to several patients without reviewing medical or drug histories, evaluating, examining or treating the patients or having a bona fide practitioner-patient relationship with patients; failure to

		note and take responsive action when patient requested and he provided early refills of prescriptions for pain; and failure to perform and/or document physical examinations after prescribing Vicodin and multiple office visits in another patient case.
Lakner, George S., Jr., MD 0101-040690 Washington, DC	08/23/11	Mandatory Suspension order entered 07/17/2003 is Vacated. License reinstated.
Leet, Christopher J., MD 0101-023981 Manassas, VA	07/26/11  08/16/11	Summary suspension based on engaging in sexual contact with a patient concurrent with and by virtue of practitioner-patient relationship and engaging in conduct of a sexual nature that a reasonable patient would consider lewd and offensive during the course of the practitioner –patient relationship. Indefinite suspension for a period not less than six (6) months based on engaging in sexual contact with a patient concurrent with and by virtue of practitioner-patient relationship and engaging in conduct of a sexual nature that a reasonable patient would consider lewd and offensive during the course of the practitioner –patient relationship with three patients.
Lundy, Rani B., MD 0101-243511 Toronto, Ontario	05/25/11	Compliance with the Board’s Order entered 07/21/2010; terms terminated and license restored to full and unrestricted status.
Macatol, Michael C., MD 0101-247150 Vero Beach, FL	09/21/11	Mandatory suspension based on action by Commonwealth of Kentucky Board of Medical Licensure.
Manney, Maruthi S., MD 0101-232863 Great Falls, VA	05/04/11	Indefinite suspension for a period of not less than nine (9) months from 12/21/2010 based on engaging in the practice of medicine while prohibited from doing so by Board Order dated 06/29/2010.
Matthews, Marianne P., MD 0101-047969 Winchester, VA	09/07/11	License reinstated; shall remain in HPMP and continue to comply with terms of contract.

<p>McDermott, Wayne M, MD 0101-037511 Virginia Beach, VA</p>	<p>09/22/11</p>	<p>Reprimand, license subject to terms and conditions based on failure to maintain timely, legible, and complete patient records; prescribing controlled substances to a patient who exhibited drug-seeking behavior; and prescribing controlled substances for pain management without medical justification and diagnosis.</p>
<p>Mesbahi, Kathy A., MD 0101-054772 Rockville, MD</p>	<p>04/19/11 10/05/11</p>	<p>Mandatory Suspension based on action by the <b>Medical Board of California</b>. Reprimand; License reinstated to full and unrestricted status.</p>
<p>Mitsch, Matthew, MD 0101-052465 Virginia Beach, VA</p>	<p>07/07/11</p>	<p>Restriction imposed under Term #2 of Board Order entered 06/02/2010 is terminated.</p>
<p>Mullins, Christopher E., DO 0102-201106 Skipwith, VA</p>	<p>08/01/11 08/02/11</p>	<p>Reprimand and monetary penalty of one thousand dollars (\$1000) based on prescribing various Schedule VI controlled substances to residents of Virginia outside of a bona-fide practitioner-patient relationship specifically without performing a comprehensive physical examination. Compliance with the Board's Order entered 08/01/2011; terms terminated and license restored to full and unrestricted status.</p>
<p>Nevin, Marc G., MD 0101-027837 Salem, VA</p>	<p>08/11/11 08/22/11</p>	<p>Reprimand, monetary penalty (\$3000.00), shall submit written certification to Board that that laws and regulations governing the practice of medicine were reviewed and read based on while serving as medical director he aided and abetted the unlicensed practice of medicine and compromised patient safety by allowing individuals unlicensed by the Board to provide patient care and perform duties that require professional judgment and caused to be published misleading advertisements relating to cosmetic laser treatment. Compliance with the Board's Order entered 08/11/2011; terms terminated and</p>

		license restored to full and unrestricted status.
Nguyen, Hoa T., MD 0101-059220 Eros, LA	06/15/11	Reprimand based on action by the Texas Medical Board.
Nordeen, Louis W., DPM 0103-300807 Mechanicsville, VA	04/20/11	Reprimand based on aiding and abetting the unlicensed practice of radiologic technology by allowing an unlicensed employee to take x-rays in office practice.
O'Connor, James P., MD 0101-050468 Ashburn, VA	08/02/11	Voluntary surrender for revocation of license based on being unfit for the performance of professional obligations and duties and being unable to practice medicine with reasonable skill or safety due to substance abuse.
O'Neil, David M., MD 0101-244380 McLean, VA	09/09/11	Reprimand based on judgment of guilty entered 12/20/2010 in United States District Court for the District of Maryland for one count of introduction of misbranded drugs.
Ocampo, Carlos A., MD 0101-239506 Fairfax, VA	09/15/11	Summary suspension based on being unable to practice medicine with skill and safety due to illness and/or substance abuse, conditions that require ongoing treatment and monitoring; failure to comply with all terms of contract with the Virginia Health Practitioner's Monitoring Program as in Order dated 01/22/2009.
Palombi, Joseph J., MD 0101-033696 McLean, VA	08/30/11	Voluntary Surrender for indefinite suspension based on two patient cases of inappropriate care, diagnosis, treatment, prescribing and monitoring; failure to maintain legible records; and subsequent indication of intent to retire from practice of medicine due health reasons.
Paoloni, Christopher E., MD 0101-241161 Richmond, VA	07/18/11  08/16/11	Reprimand based on prescribing controlled substances to a co-worker outside of a bona-fide practitioner- patient relationship. Compliance with the Board's Order entered 07/18/2011; terms terminated and license restored to full and unrestricted status.

Parambil, Thomas R., MD 0101-244475 Pittsburgh, PA	06/22/11	Reprimand based on one patient case of failure to order immediate surgical consult after awareness of patient's radiology report.
Parker, Charles H., MD 0101-041330 South Boston, VA	08/24/11	Reprimand, license subject to terms and conditions (shall remain in HPMP) and comply with contract based on failure to have in a place and available for inspection written office based anesthesia and emergency situation policies, procedures, and protocols; allowed and/or authorized nurse to determine dose of Valium to be administered to patients which was then dispensed by an unlicensed employee to patients; failure to maintain inventory of all Schedule II-V controlled substances; failure to maintain adequate records regarding receipt, administration, dispensing, and disposal of controlled substances; and maintaining expired medications with active medication stocks.
Paulson, John D., MD 0101-021859 Gaithersburg, MD	05/23/11	Mandatory suspension based on action by the Maryland State Board of Physicians.
Petitt, Patricia, DO 0102-201722 Chantilly, VA	08/01/11	Reprimand based on aiding and abetting, having a professional connection with, and/or lent name to an individual engaged in the unlicensed practice of medicine by virtue of allowing said individual to perform discretionary duties requiring the exercise of professional judgment while serving as medical director of a Med Spa and failure to manage and maintain accurate and complete records in one patient case.
Pishdad, Bahram, MD 0101-052350 Vienna, VA	07/26/11	Compliance with the Board's Order entered 05/22/2007; terms terminated and license restored to full and unrestricted status.
Ramada, Antonio, MD 0101-230949 Alexandria, VA	08/04/11	License reinstated subject to terms and conditions.



	09/29/11	Compliance with the Terms #1 and #3 of Board's Order entered 08/04/2011; shall continue to comply with Term # 2, which requires use of chaperone for all clinical and patient encounters.
Reddy, Keshavpal G., MD 0101-053228 Greensboro, NC	06/13/11	Violation of Consent Order with North Carolina Board dated 9/23/2010; no sanction since appropriate action was taken by North Carolina Medical Board.
Reikersdorfer, Christian G., MD 0101-052492 Middleton, WI	09/09/11	Reprimand based on action by the State of Wisconsin Medical Examining Board.
Sahyouni, Jamal I., MD 0101-046869 Richlands, VA	05/12/11	Compliance with the Board's Order entered 05/26/2009; terms terminated and license restored to full and unrestricted status.
Salih, Hassan A., MD 0101-019348 Fairfax, VA	07/14/11	Summary suspension based on multiple cases of prescribing controlled substances without medical justification, physical examinations/ assessments, diagnosis, drug testing, and proper medical documentation; impairment and/or unfitness to practice medicine and surgery with reasonable skill and safety due to illness; inability to write or sign prescriptions due to illness; demonstrated to Department of Health Professions investigator clinical incompetence, lack of sound medical knowledge and/or lack of appropriate use of pharmacological agents; and failure to properly manage and/or maintain patient records.
	10/18/11	Permanent Surrender of license.
Schirmer, Paul B., DC 0104-556352 Chesapeake, VA	05/20/11	Compliance with the Board's Order entered 03/15/2010; terms terminated and license restored to full and unrestricted status.
Shareghi, Gholamreza, MD 0101-248590 Marshall, MI	07/20/11	Reprimand based on action by the State of Michigan Bureau of Health Professions.
Shifflett, Matthew B., DC 0104-556015	07/15/11	Reprimand, shall remain in HPMP and continue to comply with contract based on

Kilmarnock, VA	10/04/11 10/12/11	failure to practice chiropractic with reasonable skill and safety due to substance abuse. Mandatory suspension based on conviction of a felony charge in the Circuit Court of the County of Lancaster, VA, to wit: Manufacture Marijuana. License Reinstated effective 10/04/2011; shall remain in HPMP and continue to comply fully with terms of contract.
Shoja, Amir H., MD 0101-250470 Reston, VA	07/05/11 08/17/11	Upon receipt of contract with HPMP, Board will grant a full and unrestricted license to practice medicine and surgery based on being diagnosed with a mental illness and traumatic brain injury. Board in receipt of contract with HPMP, granted full and unrestricted license to practice medicine per Order dated 07/05/2011.
Sigmon, Tanya L., PA 0110-002416 Roanoke, VA	08/10/11	Reprimand based on writing prescriptions for supervising physician, for his personal use, outside of a bona fide practitioner /patient relationship.
Smith, Joseph M., MD 0101-244288 Silver Spring, MD	04/19/11	Mandatory Suspension based on action by the <b>New York State Board for Professional Medical Conduct.</b>
Squires, William A., MD 0101-032046 Colonial Heights, VA	04/28/11 05/24/11	Reprimand; license subject to terms and conditions based on failure to supervise a physician assistant and prescribing outside of a bona fide practitioner-patient relationship. Compliance with the Board's Order entered 11/02/2009; terms terminated and license restored to full and unrestricted status.
Suresh, Sumana, MD 0101-237566 Fredericksburg, VA	05/06/11	Compliance with the Board's Order entered 01/07/2011; terms terminated and license restored to full and unrestricted status.
Susman, Shelley B., MD 0101-037142 Los Angeles, CA	07/27/11	Reprimand based on action by the Medical Board of California.
Tomlin, Henry L., MD 0101-029081	07/05/11	Reprimand based on one patient case

Petersburg, VA		where after immediately delivering an infant by Cesarean section a bilateral tubal ligation was performed without the patient's consent.
Veluri, Ravi K., MD 0101-045674 Annandale, VA	06/06/11	Suspended for a period not less than thirty (30) months from date of entry of Order based on two patient cases of touching in the manner interpreted as intended for sexual arousal or gratification, multiple patient cases of failure to make record of treatments and office visits, allowed an individual who was not duly licensed to practice medicine to see and treat patients, directed an employee to draw blood from patients for lab work while out of the country, and possessed expired drugs in office drug supply with working stock of drugs.
Verheul, John W., MD 0101-039982 Midlothian, VA	05/04/11	Reprimand, license subject to terms and conditions based on one patient case of failure to order any diagnostic testing or studies to determine pain, failure to develop a treatment plan and monitor such plan, and prescribing controlled substances to patient who exhibited drug-seeking behavior.
Vuolo, Anthony L., DPM 0103-300951 Jamison, PA	08/24/11	Permanent surrender of privilege to renew based on practicing as a podiatrist without holding a valid license; abandoning patients without providing them with proper notice and failure to provide for transfer of patient records; and closed or relocated practice without providing written notice to all patients with encounters in the previous two years.
Wade, Larren, MD 0101-054025 Alexandria, VA	08/12/11	Revocation of license based on failure to take adequate medical and substance abuse histories, to perform comprehensive examinations and pain assessments, to verify patients reports of past treatment with narcotics and to utilize any monitoring tools in multiple patients cases where

		narcotics was prescribed for pain; failure to maintain legible and complete patient records; and allowed individuals who were not employees or part of medical practice to have access to medical records.
Weisner, Larry F., MD 0101-050970 Southport, NC	09/26/11	License reinstated to full and unrestricted status.
Wilusz, Margaret M., DO 0102-037112 Waretown, NJ	04/28/11	Compliance with the Board's Order entered 02/23/2010; terms terminated and license restored to full and unrestricted status.
Wood, David J., MD 0101-038559 Springfield, VA	06/01/11	Summary suspension based on engaging in sexual contact concurrent with and by virtue of the practitioner-patient relationship, prescribing without assessing patient and/or justifying prescription in medical record, failure to report physical and/or mental abuse, and failure to maintain timely, accurate, legible, and complete patient records.
Woodard, Dean H., MD 0101-041539 Manassas, VA	04/20/11	Indefinite suspension for period not less than twenty-four (24) months based on multiple patient cases of improper prescribing of controlled substances; failure to obtain medical histories; failure to perform physical examinations; prescribing without adequate medical indication; failure to develop comprehensive treatment plans; failure to have pain management contracts and continuing to prescribe to patients exhibiting drug seeking behaviors.
Wright, Richard O., MD 0101-048140 Norfolk, VA	07/13/11	Compliance with the Board's Order entered 11/08/2010; terms terminated and license restored to full and unrestricted status.
Yadao, Alex P., MD 0101-023123 Triangle, VA	08/11/11	Reprimand, shall submit written certification to Board that that laws and regulations governing the practice of medicine were reviewed and read based on failure to provide copy of a patient's medical records to the patient's next of kin and to a DHP investigator.

	09/14/11	Compliance with the Board's Order entered 08/11/2011; terms terminated and license restored to full and unrestricted status.
Zambrana, Benjamin F., MD 0101-021333 Richmond, VA	07/26/11  08/11/11	Summary suspension based on engaging in sexual contact concurrent with and by virtue of the practitioner-patient relationship, engaging during the course of the practitioner-patient relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive, and unable to practice medicine with reasonable skill or safety due to illness. Surrender of license based on engaging in sexual contact concurrent with and by virtue of the practitioner-patient relationship and/or engaging during the course of the practitioner-patient relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive with two patients, and unable to practice medicine with reasonable skill or safety due to illness.
Zedd, Arnold J., MD 0101-027587 Alexandria, VA	04/28/11	License reinstated on terms and conditions.
Zhang, Jianyi, MD 0101-058281 Clarksville, VA	07/25/11	License reinstated on indefinite probation subject to terms and conditions.

**The following allied health professionals were issued a license and a reprimand, based upon practicing without a license for a period of time:**

<b>PRACTITIONERS</b>	<b>2011</b>
Danielle L. Womack, OT 0119-005347	04/15/11
Peggy M. Watson, RT 0120-001064	05/10/11
Wendell C. Harris, RT 0120-006758	09/07/11

Physician's Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Inspection Date: \_\_\_\_\_ Drugs: \_\_\_\_\_

**MIXING, DILUTING OR RECONSTITUTING OF DRUGS FOR ADMINISTRATION**

	<b>REQUIREMENTS FOR IMMEDIATE-USE STERILE MIXING, DILUTING OR RECONSTITUTING</b>
<b>10VAC85-20-400 et seq.</b>	<p>The mixing, diluting, or reconstituting of sterile manufactured drug products when there is no direct contact contamination and administration begins within 10 hours of the completion time of preparation shall be considered immediate-use. If manufacturers' instructions or any other accepted standard specifies or indicates an appropriate time between preparation and administration of less than 10 hours, the mixing, diluting or reconstituting shall be in accordance with the lesser time.</p> <p>No direct contact contamination means that there is no contamination from touch, gloves, bare skin or secretions from the mouth or nose.</p> <p>Emergency drugs used in the practice of anesthesiology and administration of allergens may exceed 10 hours after completion of the preparation, provided administration does not exceed the specified expiration date of a multiple use vial and there is compliance with all other requirements of this section.</p>
	<b>IMMEDIATE USE MIXING, DILUTING, OR RECONSTITUTING</b>
<b>C NC NA</b>	<b>Doctors of medicine or osteopathic medicine who engage in immediate-use mixing, diluting or</b>

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			<b>reconstituting shall:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility in immediate-use mixing, diluting or reconstituting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that all personnel under their supervision who are involved in immediate-use mixing, diluting or reconstituting are appropriately and properly trained in and utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Establish and implement procedures for verification of the accuracy of the product that has been mixed, diluted, or reconstituted to include a second check performed by a doctor of medicine or osteopathic medicine or a pharmacist, or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of 18VAC85-20-400 in immediate-use mixing, diluting or reconstituting.</p> <p>NOTE: Mixing, diluting or reconstituting that is performed by a doctor of medicine or osteopathic medicine, a pharmacist, or by a specifically trained physician assistant or registered nurse or mixing, diluting or reconstituting of vaccines does not require a second check.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide a designated, sanitary work space and equipment appropriate for aseptic manipulations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document or ensure that personnel under his supervision documents in the patient record or other readily retrievable record that identifies the patient; the names of drugs mixed, diluted or reconstituted; and the date of administration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain written policies and procedures to be followed in mixing, diluting or reconstituting of sterile products and for the training of personnel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any mixing, diluting or reconstituting of drug products that are hazardous to personnel shall be performed consistent with requirements of all applicable federal and state laws and regulations for

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	safety and air quality, to include but not be limited to those of the Occupational Safety and Health Administration (OSHA)	
<b>C</b>	<b>NC</b>	<b>NA</b>
<b>REQUIREMENTS FOR LOW-, MEDIUM- OR HIGH-RISK STERILE MIXING, DILUTING OR RECONSTITUTING</b>		
Any mixing, diluting or reconstituting of sterile products that does not meet the criteria for immediate-use as set forth in 18VAC85-20-400 A shall be defined as low-, medium-, or high-risk compounding under the definitions of Chapter 797 of the U.S. Pharmacopeia (USP)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors of medicine or osteopathic medicine who engage in low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products shall comply with all applicable requirements of the USP Chapter 797. Subsequent changes to the USP Chapter 797 shall apply within one year of the official announcement by USP		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current copy, in any published format, of USP Chapter 797 shall be maintained at the location where low-, medium- or high-risk mixing, diluting or reconstituting of sterile products is performed		
<b>C</b>	<b>NC</b>	<b>NA</b>
<b>RESPONSIBILITIES OF DOCTORS WHO MIX, DILUTE OR RECONSTITUTE DRUGS IN THEIR PRACTICES.</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors of medicine or osteopathic medicine who delegate the mixing, diluting or reconstituting of sterile drug products for administration retain responsibility for patient care and shall monitor and document any adverse responses to the drugs		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors who engage in the mixing, diluting or reconstituting of sterile drug products in their practices shall disclose this information to the board in a manner prescribed by the board and are subject to unannounced inspections by the board or its agents		



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**INSPECTOR**  
**SIGNATURE**

**DATE**

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**PHYSICIAN**  
**SIGNATURE**

**DATE**

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