

Virginia Board of Medicine BOARD BRIEFS

Newsletter #80
April 2016

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LYME DISEASE REMINDER!

The Virginia General Assembly, in its 2013 Session, passed legislation that became law on July 1, 2013. Currently in the Code of Virginia at Section 54.1-2963.2, this law requires certain communication with patients who are tested for Lyme Disease. The obligation to provide the information is for all licensees of the Board of Medicine or an in-office designee that orders a laboratory test for Lyme. Below is the law in its entirety. Note that the capitalized language is to be given to the patient in writing.

Please be aware that failure to comply with this requirement could result in a patient complaint to the Board, and that all complaints for which the Board has jurisdiction are investigated.

§ 54.1-2963.2. (Expires July 1, 2018) Lyme disease testing information disclosure

A. Every licensee or his in-office designee who orders a laboratory test for the presence of Lyme disease shall provide to the patient or his legal representative the following written information:

"ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AS OF 2011 LYME DISEASE IS THE SIXTH FASTEST GROWING DISEASE IN THE UNITED STATES.

YOUR HEALTH CARE PROVIDER HAS ORDERED A LABORATORY TEST FOR THE PRESENCE OF LYME DISEASE FOR YOU. CURRENT LABORATORY TESTING FOR LYME DISEASE CAN BE PROBLEMATIC AND STANDARD LABORATORY TESTS OFTEN RESULT IN FALSE NEGATIVE AND FALSE POSITIVE RESULTS, AND IF DONE TOO EARLY, YOU MAY NOT HAVE PRODUCED ENOUGH ANTIBODIES TO BE CONSIDERED POSITIVE BECAUSE YOUR IMMUNE RESPONSE REQUIRES TIME TO DEVELOP ANTIBODIES. IF YOU ARE TESTED FOR LYME DISEASE, AND THE RESULTS ARE NEGATIVE, THIS DOES NOT NECESSARILY MEAN YOU DO NOT HAVE LYME DISEASE. IF YOU CONTINUE TO EXPERIENCE SYMPTOMS, YOU SHOULD CONTACT YOUR HEALTH CARE PROVIDER AND INQUIRE ABOUT THE APPROPRIATENESS OF RETESTING OR ADDITIONAL TREATMENT."

B. Licensees shall be immune from civil liability for the provision of the written information required by this section absent gross negligence or willful misconduct.

C [CHECK THE PRESCRIPTION MONITORING PROGRAM \(PMP\)! - \[Table of Contents\]](#)

On July 1, 2016, the requirements for checking the PMP will change. The current law requires a prescriber to check the PMP if it is anticipated that a patient will be taking an opioid or a benzodiazepine for longer than 90 days. That is changing. A prescriber will be required to check the PMP if it is anticipated that the patient will be taking an opioid for more than 14 days. There are exemptions to the requirement to check, including when the prescription is written for a patient in hospice or palliative care, when the prescription is written as part of a surgical procedure provided it is not refillable, when the prescription is given in the hospital or at discharge, when the patient is in a nursing home or assisted living facility that uses a sole source pharmacy, and when the PMP is not working or the prescriber cannot access the PMP due to an emergency. Benzodiazepines are removed from the requirement to check the PMP at the beginning of therapy. See HB293 and SB513 below.

N [NEW LAWS FOR 2016 – All of this legislation will become effective on July 1, 2016 unless otherwise noted. Click on the links to read the full bills.](#)

HB 221 Active duty health care providers at public or private health care facilities; services and duties.

Changes the requirement that active duty health care providers in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States providing health care services at any public or private health care facility provide services in accordance with official military orders to a requirement that they provide services in accordance with official military duties. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0074>

HB 239 & SB 201 Division of fees among physicians. Clarifies rules prohibiting division of fees among physicians licensed to practice medicine or osteopathy in the Commonwealth and provides that rules prohibiting division of fees among physicians shall not prohibit (i) members of a group practice of physicians licensed to practice medicine or osteopathy from making any division of their total fees among themselves as they may determine; (ii) arrangements permitted under the Practitioner Self-Referral Act (§ 54.1-2410 et seq.); or (iii) certain payments, business arrangements, or payment practices that would be permitted in accordance with 42 U.S.C. § 1320a-7b(b)(3). <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0076>

HB 293 & SB 513 Prescription Monitoring Program; requirements of prescribers of benzodiazepine or opiates. Requires a prescriber to obtain information from the Prescription Monitoring Program at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than 14 consecutive days. Currently, a prescriber must request such information when a course of treatment is expected to last 90 days. The bill also eliminates the requirement that a prescriber request information about a patient from the Prescription Monitoring Program when prescribing benzodiazepine; allows a prescriber to delegate the duty to request information from the Prescription Monitoring Program to another licensed, registered, or certified health care provider who is employed at the same facility under the direct supervision of the prescriber or dispenser who has routine access to confidential patient data and has signed a patient data confidentiality agreement; and creates an exemption from the requirement that a prescriber check the Prescription Monitoring Program for cases in which (i) the opioid is prescribed to a patient currently receiving hospice or palliative care; (ii) the opioid is prescribed to a patient as part of treatment for a surgical procedure, provided that such prescription is not refillable; (iii) the opioid is prescribed to a patient during an inpatient hospital admission or at discharge; (iv) the opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy; (v) the Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or (vi) the prescriber is unable to access the Prescription Monitoring Program due to emergency or disaster and documents such circumstances in the patient's medical record. The bill requires the Director of the Department of Health Professions to report to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on utilization of the Prescription Monitoring Program and any impact on the prescribing of opioids. The provisions of the bill expire on July 1, 2019.

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=hb293>

HB 314 Drugs; administration by certain school employees. Provides that a prescriber may authorize an employee of a school for students with disabilities licensed by the Board of Education, or a private school accredited pursuant to § 22.1-19 of the Code of Virginia as administered by the Virginia Council for Private Education, who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia pursuant to a written order or standing protocol and provides immunity from civil damages to such employees for ordinary negligence in acts or omissions resulting from the rendering of such treatment, provided that the insulin is administered in accordance with the child's medication schedule or such employee has reason to believe the individual receiving the glucagon is suffering or about to suffer life-threatening hypoglycemia. The bill also allows nurse practitioners and physician assistants to provide training programs on the administration of drugs to students of private schools accredited pursuant to § 22.1-19 of the Code of Virginia as administered by the Virginia Council for Private Education.

<http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0144>

HB 319 Health regulatory boards; continuing education for certain individuals. Volunteer health care providers. Requires health regulatory boards to promulgate regulations providing for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services. The bill has a delayed effective date of January 1, 2017.

<http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0082>

HB 405 Professional and occupational licenses; temporary licenses for spouses of military service members. Extends from six months to 12 months the temporary license, certification, or permit issued by any regulatory board in Title 54.1 of the Code of Virginia to applicants who are spouses of military service members to allow the respective regulatory board to complete its review of the documentation provided by the applicant or for the applicant to complete any specific requirements that may be required in Virginia that were not required in the

jurisdiction in which the applicant holds the license, permit, or certificate. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0033>

HB 580 Nurses; adds definitions of certified nurse midwife, etc. Adds definitions of "advanced practice registered nurse," "certified nurse midwife," and "certified registered nurse anesthetist" as they apply to the licensing chapters of the Code of Virginia for the Boards of Medicine and Nursing. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0093>

HB 581 & SB 264 Nurse practitioners; practicing outside of a patient care team. Provides that in cases in which a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked by the Board of Medicine, or relocates his practice such that he is no longer able to serve, and a nurse practitioner who was part of the patient care team is unable to enter into a new practice agreement with another patient care team physician, the nurse practitioner may continue to practice without a patient care team physician for an initial period not to exceed 60 days upon notification to the designee of the Boards of Medicine and Nursing. The initial period may be extended for a period not to exceed 60 additional days upon approval of the Boards' designee, provided that the nurse practitioner provides evidence of efforts made to secure another patient care team physician and of access to physician input. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0409>

HB 586 Health regulatory boards; confidentiality of certain information obtained by boards. Provides that in disciplinary actions involving allegations that a practitioner is or may be unable to practice with reasonable skill and safety to patients and the public because of a mental or physical disability, a health regulatory board shall consider whether to disclose and may decide not to disclose in its notice or order the practitioner's health records or his health services, although such information may be considered by the board in a closed hearing and included in a confidential exhibit to a notice or order. The bill provides that the public notice or order shall identify, if known, the practitioner's mental or physical disability that is the basis of its determination. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0222>

HB 652 Neurological death; updates terminology. Updates terminology related to declarations of neurological death. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0097>

HB 657 Prescription Monitoring Program; indicators of misuse, disclosure of information. Directs the Director of the Department of Health Professions to develop, in consultation with an advisory panel that shall include representatives of the Boards of Medicine and Pharmacy, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and authorizes the Director to disclose information about the unusual prescribing or dispensing of a covered substance by an individual prescriber or dispenser to the Enforcement Division of the Department of Health Professions. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0098>

HB 738 Registered surgical technologists and surgical assistants; extends registration deadline. Extends the deadline, from July 1, 2015, to December 31, 2016, by which individuals who practiced either as a surgical technologist or a surgical assistant prior to July 1, 2014, may register with the Board of Medicine to become a registered surgical technologist or registered surgical assistant. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0099>

HB 825 & SB 437 Military medical personnel; pilot program for personnel to practice medicine. Directs the Department of Veterans Services, in collaboration with the Department of Health Professions, to establish a pilot program in which military medical personnel may practice and perform certain delegated acts that constitute the practice of medicine under the supervision of a licensed physician or podiatrist. The bill requires the Department of

Veterans Services to establish general requirements for participating in the program. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0418>

HB 829 Prescribers of covered substances; continuing education. Authorizes the Director of the Department of Health Professions to disclose information to the Board of Medicine about prescribers who meet a certain threshold for prescribing covered substances for the purpose of requiring relevant continuing education. The threshold shall be determined by the Board of Medicine in consultation with the Prescription Monitoring Program. The bill also directs the Board of Medicine to require prescribers identified by the Director of the Department of Health Professions to complete two hours of continuing education in each biennium on topics related to pain management, the responsible prescribing of covered substances, and the diagnosis and management of addiction. Prescribers required to complete continuing education shall be notified of such requirement no later than January 1 of each odd-numbered year. The provisions of the bill will expire on July 1, 2022.

<http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0447>

HB 1044 & SB 491 Prescription Monitoring Program; disclosure of certain information.

Provides that the Director of the Department of Health Professions may disclose information in the possession of the Prescription Monitoring Program about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist licensed in the Commonwealth and employed by the Virginia Medicaid managed care program to determine eligibility for and to manage the care of the specific recipient in a Patient Utilization Management Safety or similar program. The bill also requires the Prescription Monitoring Program advisory committee to provide guidance to the Director regarding such disclosures.

<http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0410>

HB 1292 Schedule IV drugs; adds eluxadoline to list. Adds eluxadoline to the list of Schedule IV drugs. The bill contains a technical amendment. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0499>

SB 207 Administrative Process Act; reconsideration of formal hearings, litigated issues, report.

Provides a procedure for a party to file a petition for reconsideration of an agency's decision from a formal hearing under the Administrative Process Act (APA). The bill requires the agency to render a written decision on a party's timely petition for reconsideration within 30 days; the agency may deny the petition, modify the decision, or vacate the decision and set a new hearing for further proceedings. The agency shall state the reasons for its action. The bill also provides for the reconsideration of other decisions of a policy-making board of a state agency. If reconsideration is sought for the decision of a board, the board may (i) consider the petition for reconsideration at its next regularly scheduled meeting, (ii) schedule a special meeting to consider and decide upon the petition within 30 days of receipt, or (iii) delegate authority to consider the petition to either the board chairman, a subcommittee of the board, or the director of the state agency that provides administrative support to the board. The bill provides that any agency that intends to promulgate regulations that specify the scope of evidence that may be considered by such agency in support of any petition for reconsideration may promulgate emergency regulations. The bill also requires the Department of Human Resource Management to submit an annual report to the Senate Committee on General Laws and Technology and the House Committee on General Laws detailing (a) the number of employee grievance hearings held pursuant to the APA and (b) the number of decisions from such hearings that were rendered in favor of employees. As introduced, the bill is the recommendation of the Administrative Law Advisory Committee and approved by the Virginia Code Commission.

<http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+SB207ER>

SB 287 Prescription Monitoring Program; reports by dispensers shall be made within 24 hours or next day.

Provides that, beginning January 1, 2017, reports by dispensers to the Prescription Monitoring Program (the Program) shall be made within 24 hours or the dispenser's next business day, whichever comes later. The bill also allows the Director of the Department of Health Professions to disclose information about a specific recipient to a prescriber for the purpose of establishing the treatment history of the specific recipient when the prescriber is

consulting on the treatment of such recipient; allows the Director to disclose information on a specific recipient to a dispenser for the purpose of establishing a prescription history to assist the dispenser in providing clinical consultation on the care and treatment of the recipient; removes the requirement that information disclosed to a dispenser for the purpose of determining the validity of a prescription be disclosed only when the recipient is seeking a covered substance from the dispenser or the facility in which the dispenser practices; and provides that a prescriber may include information obtained from the Program for the purpose of establishing the treatment history of a specific recipient in the recipient's medical record. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0309>

SB 369 Telemedicine pilot program; to expand access, etc., to health care services in certain areas.

Directs the Center for Telehealth of the University of Virginia and the Virginia Telehealth Network to establish a pilot program to expand access to and improve coordination and quality of health care services in rural areas and medically underserved areas of the Commonwealth through the use of telemedicine. Such pilot program shall include a process for establishing and providing support to patient care teams and for assisting nurse practitioners who seek to participate in the pilot program with identifying and developing written practice agreements with patient care team physicians. The Center for Telehealth shall report to the General Assembly and the Governor on the results of the pilot program by October 15, 2017. The bill has an expiration date of July 1, 2018.

GOVERNOR'S RECOMMENDATION: That in the case of psychiatric services provided to individuals receiving services from a community services board, free health clinic, or federally qualified health center by a practitioner engaged by the Center for Telehealth of the University of Virginia to deliver such services, the requirement for an appropriate examination set forth in § [54.1-3303](#) of the Code of Virginia may be satisfied through the use of telemedicine. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+SB369ER>

SB 399 Practitioners of healing arts; temporary authorization to practice. Replaces the requirement for a temporary license or certification to practice medicine or the duties of a profession in the Commonwealth on a temporary basis with the requirement for authorization to so practice. The bill eliminates the requirement that the Board of Medicine promulgate regulations governing approval of the credentials of practitioners authorized to practice temporarily in the Commonwealth and the form of such authorizations. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0494>

SB 452 Medical school; clinical rotation requirements. Requires any public institution of higher education that awards medical degrees to create and support at least one clinical rotation in a hospital or clinic located in a medically underserved area of the state as determined by the Virginia Department of Health, in an area of the state that has an unemployment rate of one and one-half times the statewide average unemployment rate, or in a locality with a population of 50,000 or less in the Commonwealth. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+SB452ER>

SB 463 Nurse practitioners; licensed as certified nurse midwives, practicing without patient care team. Requires a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife to practice in consultation with a licensed physician and in accordance with a practice agreement with such physician. Under current law, certified nurse midwives are required to practice in collaboration with, in addition to consulting with, a licensed physician. The bill also repeals a pilot program authorizing certain certified nurse practitioners to practice with autonomy. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0495>

SB 551 Physician assistants; unlawful use of title. Provides that it is unlawful for a person to use in connection with his name the words or letters "Physician Assistant" or "PA" unless he is a licensed physician assistant. The bill requires a physician assistant to enter into a written or electronic practice agreement with at least one supervising

physician or podiatrist, to maintain evidence of such agreement, and to provide it to the Board upon request. The bill contains technical amendments. <http://leg1.state.va.us/cgi-bin/legp504.exe?161+ful+CHAP0450>

SB 701 Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide. Authorizes a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy (the Board) and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. The bill sets limits on the number of permits that the Board may issue and requires that the Board adopt regulations establishing health, safety, and security requirements for permitted processors. The bill provides that only a licensed practitioner of medicine or osteopathy who is a neurologist or who specializes in the treatment of epilepsy may issue a written certification to a patient for the use of cannabidiol oil or THC-A oil. The bill also requires that a practitioner who issues a written certification for cannabidiol oil or THC-A oil, the patient issued such certification, and, if the patient is a minor or incapacitated, the patient's parent or legal guardian register with the Board. The bill requires further that a pharmaceutical processor shall not provide cannabidiol oil or THC-A oil to a patient or a patient's parent or legal guardian without first verifying that the patient, the patient's parent or legal guardian if the patient is a minor or incapacitated, and the practitioner who issued the written certification have registered with the Board. Finally, the bill provides an affirmative defense for agents and employees of pharmaceutical processors in a prosecution for the manufacture, possession, or distribution of marijuana. An enactment clause provides that except for provisions requiring the Board to promulgate regulations, the provisions of the bill do not become effective unless reenacted by the 2017 Session of the General Assembly. <http://leg1.state.va.us/cgi-bin/legp504.exe?ses=161&typ=bil&val=sb701>

BUPRENORPHINE WORK GROUP - [\[Table of Contents\]](#)

In September 2014, Governor McAuliffe initiated the Task Force on Prescription Drug and Heroin Abuse to study the problem in Virginia and make recommendations regarding how best to address it. One of the recommendations from the Task Force was that the Board of Medicine, in coordination with the Department of Behavior Health and Developmental Services, form a work group to study the use of buprenorphine in the treatment of opioid addiction. Specifically, the work group is to review the standards of care available in the literature and make recommendations regarding evidence-based principles to the Board of Medicine for its consideration of promulgating regulations. The work group has practitioners from various settings from around the state. It will have its first meeting on May 13th.

Access to medication-assisted treatment for opioid addiction is essential to addressing the problem in Virginia. If you do not currently engage in the treatment of opioid addiction in your practice, you may wish to do so. Getting started and doing it right involves an 8-hour course, obtaining a waiver from Health and Human Services, and getting an additional DEA# from the Drug Enforcement Administration. You can read more about the process at: <http://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training>

INTERSTATE MEDICAL LICENSURE COMPACT - [\[Table of Contents\]](#)

The Federation of State Medical Boards has been studying license portability for a number of years. With the growth of telemedicine, great interest has arisen in decreasing the barriers to licensure that exist between the states. Through the leadership of the Federation, a model licensure compact has been made available to all state boards of medicine for their consideration. It provides for an expedited pathway to licensure, taking advantage of the static information about a physician that is unchanging (medical school, examination, residency training, etc.). For the Compact Commission to be formed and become operational, 7 states were required. To date, 12 states have passed legislation establishing the Compact, and 12 others have introduced legislation. The Virginia Board is in ongoing discussion about the Compact and the advisability of joining. Legislation would need to be introduced and passed by the General Assembly to establish the Compact in Virginia.

If you prescribe opioids for pain, you need to know the difference between short-acting opioids and those that are long-acting or formulated for extended-release. Here is a free educational opportunity on this important topic that grants 3 hours of CAT I CME.

Safe Prescribing CME Activity on Extended-Release and Long-Acting Opioids

<https://rems.community360.net/default.aspx>

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REGULATORY ACTIONS UNDERWAY FOR THE BOARD OF MEDICINE

Chapter	Action / Stage Information
Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic [18 VAC 85 - 20]	<u>Action:</u> Elimination of pharmacist from mixing, diluting & reconstituting <u>Stage:</u> Fast-Track - <i>At Governor's Office</i>
Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic [18 VAC 85 - 20]	<u>Action:</u> Requirements for office-based anesthesia <u>Stage:</u> Final - <i>At Secretary's Office</i>
Regulations for Licensure of Occupational Therapists [18 VAC 85 - 80]	<u>Action:</u> NBCOT certification as option for CE <u>Stage:</u> Fast-Track - <i>At Governor's Office</i>
Regulations Governing the Licensure of Radiologic Technologists and Radiologic Technologists-Limited [18 VAC 85 - 101]	<u>Action:</u> Clarification of licensure qualifications and practice consistent with certification <u>Stage:</u> Fast-Track - <i>At DPB</i>
Regulations Governing the Practice of Behavior Analysis [18 VAC 85 - 150]	<u>Action:</u> increase in hours of CE <u>Stage:</u> Proposed - <i>At DPB</i>
Regulations Governing the Practice of Genetic Counselors [18 VAC 85 - 170]	<u>Action:</u> Initial regulations for licensure <u>Stage:</u> NOIRA - <i>Register Date: 6/1/15</i>

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COMMONWEALTH of VIRGINIA

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Director

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April 13, 2016

Dear Healthcare Colleague:

Virginia will participate Saturday, April 30, 2016 in the eleventh National Prescription Drug Take-Back Day. Sponsored by the Drug Enforcement Administration (DEA), this collaborative effort between state and local law enforcement agencies provides residents with an opportunity to dispose of potentially dangerous controlled substances from their medicine cabinets in an environmentally safe manner.

Healthcare practitioners are encouraged to advise patients about this service and to remind them it is free and anonymous with no questions asked. Collection activities will take place from **10:00 a.m. through 2:00 p.m.** at sites coordinated with law enforcement agencies throughout Virginia. Visit the [DEA online](#) for more information, and to [find a collection site near you](#).

According to the DEA, some 4,823,251 pounds (or 2,411 tons) of drugs were collected nationwide from 2010-2014. Last year, Virginia collected 22,855 pounds of prescription drugs from over 200 collection sites statewide.

National data cites prescription drug abuse as the fastest growing drug problem in the U.S. This is reflected in unprecedented numbers of accidental poisonings and overdoses. Many people are unaware that prescription drugs are susceptible to diversion, misuse and abuse and are easily obtained from home medicine cabinets for improper use. Flushing this medication down the toilet presents public safety and public health concerns, such as entering the drinking water supply. Your support of Drug Take-Back Day is an important example to set.

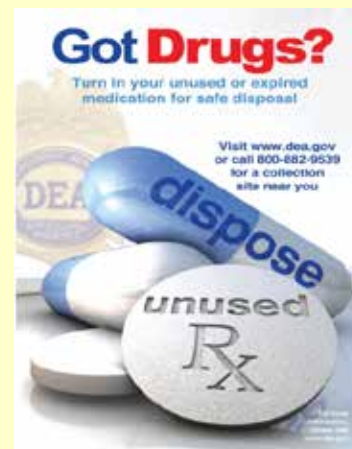
Healthcare practitioners can directly impact prescription drug abuse by educating patients regarding the proper disposal of medications. Please consider posting or providing to your patients the attached information regarding this opportunity to properly dispose of unwanted drugs.

For more information please contact Ralph Orr, Director of the Virginia Prescription Monitoring Program at 804-367-4566, or by email at pmp@dhp.virginia.gov.

Sincerely,

David E. Brown, D.C.
Director
Department of Health Professions

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Board of Audiology & Speech-Language Pathology – Board of Counseling – Board of Dentistry – Board of Funeral Directors & Embalmers
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BOARD DECISIONS

The following list contains decisions from January 2016 to March 2016. You may access these decisions at www.dhp.virginia.gov (select "License Lookup") or at www.vahealthprovider.com for most MDs, DOs 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	January 2016 THRU March 2016 ACTIONS
Thomasson, Lori Anne, P.A. 0110-001550 Suffolk, VA	1/8/16	Summary suspension based on the Board's finding that continued practice by this individual constitutes a substantial danger to the public health or safety, after receipt of information indicating that the practitioner may have violated certain laws and regulation relating to the practice of medicine and surgery in the Commonwealth.
Godsey, Cassie M., RT 0120-006438 Midlothian, VA	1/8/16	Summary suspension based on the Board's finding that continued practice by this individual constitutes a substantial danger to the public health or safety, after receipt of information indicating that the practitioner may have violated certain laws and regulation relating to the practice of medicine and surgery in the Commonwealth.
Bennett, Kolin H., P.A. 0110-001431 Fincastle, VA	1/13/16	Voluntary surrender of the privilege to renew license.
Bruni, Larry M., M.D. 0101-037258 Albany, NY	1/21/16	Compliance with the Board's Ordered entered 01/21/15; terms terminated and license restored to full and unrestricted status.
Cartagena, Rodolfo J., M.D. 0101-028013 Wise, VA	1/14/16	Compliance with the Board's Ordered entered 08/05/15; terms terminated and license restored to full and unrestricted status.
Crouse, Micah S., M.D. 0101-244405 Lexington, OH	1/6/16	Reinstatement granted; license placed on indefinite probation and subject to terms and conditions based on action by the Ohio Board of Medicine.

Evans, Robert B., M.D. 0101-042509 Marion, VA	1/14/16	Compliance with the Board's Order entered 11/20/15; license reflects current active status, shall continue to comply with HPMP contract.
Farrell, Julie A., M.D. 0101-253032 Glendale, OH	1/4/16	Reprimand based on actions by the Ohio, North Carolina, West Virginia, Michigan, Illinois, Kentucky, Indiana, Michigan, New Mexico and California Medical Boards.
Fondinka, Godfrey S., M.D. 0101-239551 Fayetteville, NC	1/13/16	Compliance with the Board's Order entered 11/12/15; matter closed and license restored to full and unrestricted status.
Nguyen, Ngoc-Ha T., M.D. 0101-053981 Annandale, VA	1/8/16	Reprimand; license subject to terms and conditions based on one patient case of inappropriate standard of care.
Reigel, Craig A., M.D. 0101-234533 Culpeper, VA	1/27/16	License subject to terms and conditions based on a pattern of disruptive, unprofessional and/or inappropriate conduct.
Vizcino, Federico, M.D. 0101-031051 Portsmouth, VA	1/19/16	Reprimand; license placed on probation subject to terms and conditions based on prescribing multiple times to three individuals with no bona fide practitioner/patient relationship; inappropriate prescribing of controlled substances and failure to follow pain management practices; and failure to maintain timely, accurate, legible, and complete medical records.
Wallingford, Walter, M.D. 0101-024223 Hampton, VA	1/19/16	Indefinitely suspended based on multiple patient cases of inappropriate prescribing and pain management; and failure to maintain accurate, legible and complete medical records.
West-Johnson, Zelda, M.D. 0101-057120 Henrico, VA	1/19/16	Compliance with the Board's Ordered entered 05/21/14; terms terminated and license restored to full and unrestricted status.
Brooks, Shelia J., DPM 0103-000803 Bluefield, VA	1/20/16	Mandatory suspension based on action by the West Virginia Board of Medicine.
Ball, Kirsten V., M.D. 0101-239199 Arlington, VA	2/16/16	Compliance with the Board's Order entered 07/15/15; terms terminated and license restored to full and unrestricted status.
Biedenbender, Rex D., M.D. 0101-058925 Virginia Beach, VA	2/16/16	Reprimand and to remain in HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Carmody, Rebecca B., M.D. – Applicant Richmond, VA	1/27/16	Denial of licensure based on inability to practice medicine with reasonable skill and safety due to illness and/or substance abuse and represents a danger to patients and the public.
Cloud, Harold E., Jr., M.D. 0101-044322 Hampton, VA	2/16/16	Reprimand; license subject to terms and conditions based on multiple patient cases of inappropriate prescribing and pain management; and failure to maintain accurate, legible and complete records for same patients.
Cryer, Chad M.T., M.D. 0101-241525 Kailua, HI	2/1/16	Compliance with the Board's Order entered 12/14/15; license reflects current active status, shall continue to comply with HPMP contract.
Frank, Randolph A., M.D. 0101-042515 Arlington, VA	2/24/16	Required to enter in HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.

Fuentes, Edwin L., D.O. 0102-050134 Danville, VA	2/10/16	Reprimand; license subject to terms and conditions based on irregularities in billing and coding to insurance companies.
Muller, Richard A., M.D. 0101-244672 Troy, VA	2/10/16	Reprimand based on providing false statements on a CDL form.
Plumley, Jennifer E., P.A. 0110-004146 Henrico, VA	2/24/16	Violation; no sanction imposed
Rao, Nagbhushan S., M.D. Brookeville, MD	2/29/16	License subject to terms and conditions based on action by the Maryland Board of Physicians.
Reigel, Craig A., M.D. 0101-234533 Culpeper, VA	2/1/16	Compliance with the Board's Order entered 1/27/16; terms terminated and license restored to full and unrestricted status.
Thomasson, Lori A., P.A. 0110-001550 Suffolk, VA	2/8/16	Suspension stayed; license subject to terms and conditions based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Villarroel, Nelson F., M.D. 0101-253066 Jamaica, NY	2/24/16	Revoked based on action by the NY Department of Health State Board for Professional Medical Conduct; providing false, deceptive, and/or fraudulent information on VA application; and hospital residency program declaration of incompetent to practice medicine safely.
Vizcaino, Federico, M.D. 0101-031051 Portsmouth, VA	2/23/16	Compliance with the Board's Order entered 01/19/16; terms terminated and license restored to full and unrestricted status.
Waller, Brenda S., M.D. 0101-055485 Lynchburg, VA	1/21/16 2/23/16	Indefinite probation; license subject to terms and conditions based on multiple cases of inappropriate prescribing and pain management. Compliance with the Board's Order entered 01/21/16; terms terminated and license restored to full and unrestricted status.
Williams, Paul D., M.D. 0101-038805 Wytheville, VA	2/1/16	Reprimand; license subject to terms and conditions based on inability to practice with reasonable skill and safety due to illness.
Godsey, Cassie M., Rad. Tech 0120-006438 Midlothian, VA	2/8/16	Indefinite suspension; license subject to terms and conditions based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Herrera, David R., A.T. 0126-002143 Salem, VA	2/11/16	Reprimand based on aiding and abetting the unlicensed practice of an individual.
Batchelder, Allison J., M.D. 0101-226794 Henrico, VA	2/3/16	Reinstated with terms and conditions.
Cress, William E., M.D. 0101-238872 Newport News, VA	3/2/16	Reprimand and remain in HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Durrani, Abdul W., M.D. 0101-028628 Hopewell, VA	3/31/16	Reinstatement denied.
Gillman, John F., MD 0101-241705 Tacoma, WA	3/30/16	License placed on probation with terms and conditions based on action by the WA Department of Health Medical Quality Assurance Commission.
Keats, Graham Douglas, M.D. 0101-259876 Bracey, VA	3/14/16	License issued with a reprimand based on practicing without a license.

Latif, Zubair, M.D. 0101-053529 Newport News, VA	3/24/16 <i>Nunc pro tunc:</i> 3/18/16	License suspension based on a pattern of disruptive behavior to include failure to provide patient coverage when out of the country for extended periods of time; falsifying medical records, and inappropriate prescribing; breach of patient confidentiality between practitioner and patient; improper termination of the practitioner/patient relationship; and failure to provide patient records.
Lee, Donna, M.D. 0101-049578 Vienna, VA	3/10/16	Compliance with the Board's Order entered 5/12/15; terms terminated and license restored to full and unrestricted status.
Massumi, M. Michael, M.D. 0101-047873 Towson, MD	3/16/16	Mandatory suspension based on action by the Maryland State Board of Physicians.
Shah, Soloman, M.D. 0101-221352 Fairfax, VA	3/30/16	Reprimand based on unprofessional conduct.
Sharma, Mudit, M.D. 0101-241433 Dunn Loring, VA	3/21/16	Compliance with the Board's Order entered 11/30/15; terms terminated and license restored to full and unrestricted status.
Shupp, Megan D., M.D. 0116-026362 Roanoke, VA	3/4/16	License reinstated.
Stauffer, John M., M.D. 0101-031417 New Market, VA	2/5/16	License reinstated.
Young, Ericka S., D.O. 0102-201811 Chester, VA	3/18/16	License indefinitely suspended based on multiple cases of inappropriate prescribing, prescribing to patients exhibiting drug-seeking behavior; failure to obtain prior treatment records or coordinate with other physicians; failure to refer patients to specialists; and failure to manage and maintain timely, accurate and complete medical records.
Donofrio, David, D.C. 0104-001725 Lady Lake, FL	3/30/16	Rescission of stayed suspension based on dismissal from HPMP.
Wolford, Stephen M., D.C. 0104-000760 Ashland, VA	3/1/16	Indefinite Suspension Stayed; License subject to terms and conditions based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Yanklowitz, Barney, D.P.M. 0103-000969 Steilacoom, WA	3/30/16	Reprimand; license subject to terms and conditions based on one patient case of inappropriate standard of care.
Jenkins, Nicole W., Respiratory Therapist 0117-006397 Herndon, VA	3/21/16	License reinstated.

Limited ("Limited"), Respiratory Care Practitioners, Occupational Therapists, Athletic Trainers, or Behavioral Analyst were issued a license and a reprimand, or violation with no sanction, based upon practicing without a license for a period of time:

Kwon, Yongung, A.T. 0126-002510	1/20/16
Rosenbrook, Kevin, A. T. 0126-002513	1/29/16
Vollavanh, Lydia R., A.T. 0126-002511	1/21/16
Podlaskowich, Jessica, B.A. 0133-000719	2/19/16
DeShambo, Kelsey M., A.T. 0126-002528	3/25/16
Jen, Joseph, O.T.A. 0131-001539	3/2/16
Platero-Orellana, Maria C., O.T.A. 0131-001548	3/9/16
Stinnett, Cherie M., Respiratory Therapist 0117-008085	8/7/16

The following individuals were suspended due to submitting a check, money draft, or similar instrument for payment of a fee required by statute or regulation which is not honored by the bank or financial institution named thereon:

Shupp, Megan D., M.D. 0116-026362 Roanoke, VA	2/29/16	Suspension based on submission of a dishonored check.
Jenkins, Nicole W., Respiratory Therapist 0117-006397 Herndon, VA	3/11/16	License suspension based on submission of a dishonored check.
Mahmoud, Youssef, M.D. 0101-232962 Brooklyn, NY	2/29/16	Suspension based on submission of a dishonored check.

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