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BOARD BRIEFS #83
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In This Issue

New Pain Management and Buprenorphine Regulations

Virginia continues to experience the problems of opioid abuse, diversion, addiction and overdose deaths. The General Assembly passed legislation this Session requiring the Board of Medicine to develop regulations for pain management and the prescribing of buprenorphine for addiction. In anticipation of this requirement, the Board initiated its work on the regulations in early January. With the help of experts and comment from stakeholders, proposed initial regulations were ready for the Board's consideration at its February 16th meeting. More comment was heard, the regulations were discussed, and the Board voted to send them forward for Executive Branch review. The Governor signed them on March 15, 2017. Here are the regulations that are now in effect. Click link for full text of Prescribing Regulations. The regulations for nurse practitioners are in a separate chapter; they will be effective May 8, 2017 and on the Board of Nursing website.

Frequently Asked Questions about the Prescribing of Buprenorphine for Addiction

1. **Can I continue to prescribe mono-product for my patients that have a demonstrated intolerance to naloxone –containing products?**

The answer by the current regulations is NO. There is no exception in the regulations that would permit prescribing of the mono-product in tablet form for naloxone intolerance or allergy. However, the buprenorphine mono-product may be prescribed in FDA-approved "formulations other than tablet form" pursuant to 18 VAC 85-21-150(A)(3). The Board of Medicine will consider this issue in the near future, and if a revision is made, it will be circulated to prescribers.

2. **What alternatives to buprenorphine mono-product for addiction are there?**

This is not an endorsement for a particular medication, and there may be other alternatives unknown to the Board at this time. The only other mono-product currently FDA-approved for the treatment of addiction is the Probuphine implant. Formulations with low-dose naloxone include Zubsolv sublingual tablets and Bunavail buccal film. Methadone and Vivitrol are also options.

3. **Is there a grace period for switching patients to a naloxone-containing product?**

It is lawful to prescribe up to 7 days of mono-product in the switching of a patient from methadone to a naloxone-containing product or for 7 days in switching a patient from the mono-product to a naloxone-containing product.

4. **Is there a grace period for tapering patients off the mono-product if they choose not to take a naloxone-containing product?**

There is no grace period in the regulations, other than what is stated above. The Board does expect that sound medical judgement and safety of the patient will be paramount in the tapering process.

5. **When do I have to stop prescribing the mono-product?**

The regulations became effective March 15, 2017.

6. **Are buprenorphine and naloxone safe for mothers and their breastfeeding infants?**

The American Society of Addiction Medicine National Practice Guideline adopted June 2015 stated, "It was shown that the amount of buprenorphine metabolites secreted in breastmilk are so low that they pose little risk to breastfeeding infants." In the May 11, 2016 issue of the ASAM Magazine, a question about breastfeeding was addressed by a Providers' Clinical Support System expert, "While buprenorphine levels transfer to breastmilk in very low levels, naloxone is even much less detectable, if at all." An August 2016 article from the Journal of Human Lactation confirmed that infant plasma levels were low or undetectable. A consultant to the Board, an OB-GYN who provides MAT, opines that naloxone-containing products prescribed to the mother can be considered safe for breastfeeding infants.

7. Is the prescribing of tramadol subject to these regulations?

YES, tramadol is an opioid and is therefore subject to these regulations.

8. Can I use the mono-product for induction and then switch to the naloxone-containing product?

The regulations do not speak to induction with the mono-product and then switching to a naloxone-containing product. The regulations state that 7 days of mono-product can be written in the switching from mono-product to a naloxone containing product.

9. Can a pharmacist dispense a prescription of the mono-product for a non-pregnant individual after March 15, 2017?

It is recommended that the pharmacist contact the prescriber to discuss the prescription and to make sure the prescriber is aware of the regulations.

10. Can my staff see the patient during the induction phase?

The regulations require that the patient be seen "by the prescriber" at least once a week during induction.

11. Does the Board have a list of "sedative hypnotics"?

NO.

12. Can I continue to prescribe benzodiazepines with buprenorphine?

The regulations allow for benzodiazepines in the lowest effective dose required for the treatment of co-morbid conditions. Extenuating circumstances must be documented in the medical record to support the prescriber's rationale.

13. Is there an exception for financial hardship that allows a patient to take Subutex instead of Suboxone?

NO. There is no such exception in the regulations. However, the Medical Society of Virginia has developed the following list of resources for patients that may need help with the expenses of treatment with naloxone-containing products.

https://www.msv.org/sites/default/files/patient_assistance_resources.pdf

Frequently Asked Questions about the Prescribing of Opioids for Pain

1. **Do I need to refer a patient being treated for chronic pain to a pain management specialist before exceeding 120 MME/day?**

The regulations require the prescriber to document the reasonable justification for the increase OR refer to or consult with a pain management specialist.

2. **If a patient being treated for chronic pain admits to occasional marijuana use or has a positive screen, what should I do?**

This issue is not addressed in the regulations. The Board of Medicine expects physicians to use good judgement in their care of patients and fully document what you do and why in the chart.

3. **If a patient I am treating for chronic pain is on a benzodiazepine from another provider, must I prescribe naloxone?**

YES. The regulations are meant to save lives. There would need to be coordination with the other practitioner so that you are on the same page. Controlled substances from more than one prescriber could lead to an inadvertent overdose. There is a provision for "extenuating circumstances" in the regulations, in case the benzo is absolutely essential to the patient's well-being.

4. **What if the benzodiazepine is only PRN?**

The Board of Medicine cannot recommend deviation from the regulations.

5. **Must I drug screen all patients that I will be putting on opioids for chronic pain?**

YES, that is what is required by the regulations.

6. **What is the Board's policy on PRN pain medications?**

The regulations require drug screens for patients on chronic opioid medications. The Board cannot recommend deviation from the regulations. The Board would make the determination about the standard of care in such a case, based upon the documentation of the treatment.

7. **Is it true that I can only prescribe 1 week of opioid for acute pain?**

Prescribing is limited to a 7-day supply unless "extenuating circumstances are clearly documented in the medical record."

8. **Can I write for more than 14 days for post-operative pain?**

Prescribing is limited to a 14-day supply unless "extenuating circumstances are clearly documented in the medical record."

9. Is tramadol an opioid?

YES. It is an opioid and a Schedule IV drug.

10. Is tramadol subject to these regulations?

YES.

11. How can a pharmacist determine that a physician is prescribing for acute pain, post-op pain, or chronic pain?

It has been suggested that prescribers put a notation on the prescription as to whether the drug is for acute pain, post-op pain, or chronic pain. The Board sees this as an excellent communication between professionals involved in the patient's care.

12. Does the Board of Medicine have a list of "sedative hypnotics"?

NO

13. Must patients that have been stable on their current dose of opioid analgesic for a long time be drug tested?

YES, the regulations require testing every 3 months during the first year of treatment and every 6 months thereafter.

14. Do I have to ensure that a patient fills the prescription for naloxone?

NO, the prescriber's responsibility is to prescribe the naloxone, but the regulations do not require that the prescriber ensures that the patient gets it filled. However, a prescriber may wish to revisit the dose of opioid prescribed, if warranted.

15. Can a pharmacist fill an opioid prescription exceeding 120 MME/day, or with concomitant benzodiazepine, if a patient does not present a naloxone prescription?

The answer is YES, but it would be within your discretion to call the prescriber to ask if that is what he/she intended.

16. Must naloxone be prescribed for lower doses of opioids in the presence of benzodiazepines?

YES, the regulations state that is the case.

17. Can I use Subutex and Suboxone off-label for the treatment of pain?

Currently the regulations only allow drugs that have an FDA indication for the treatment of pain. The Board is convening a Regulatory Advisory Panel that will review this issue and revise the regulations if warranted.

18. Does the physician have to see pain patients every 3 months or can a nurse practitioner or a physician assistant see a patient, assess the opioid therapy, evaluate for opioid use disorder and document findings in the medical record?

The regulations use the term "practitioner" and state these issues need to be addressed every 3 months. Nurse practitioners and physician assistants can perform acts of medicine through a practice agreement with a physician. As long as the NP and PA are trained and competent to accomplish the assessments required, and the physician maintains responsibility for patient care, it would appear that the requirements of the law would be met.

19. If a patient is held in the ED or other part of the hospital for 24-48 hours, do the regulations apply?

The regulations do not apply to pain treated during an inpatient hospital admission. Observation is an administrative status for a patient that is under clinical watch and care within the hospital, therefore the regulations would not apply. However, when the patient is discharged, the regulations would apply in regards to the 7-day limit of opioid or more if extenuating circumstances are documented.

Type 1 Continuing Education Courses on Opioids

The General Assembly passed law in 2016 that requires the Board of Medicine to identify licensees that should obtain 2 hours of continuing education in pain management, proper prescribing of controlled substances, and the diagnosis and management of addiction in the next biennium. The Board is to notify those identified by January 1 of each odd year. For this first biennium, 2017.-2018, the Board determined that all licensees with prescriptive authority should obtain the 2 hours. Since the notification was sent, the Board has received questions, comments and requests. The most consistent request was for direction to continuing education that would satisfy the 2-hour requirement, and preferably at no cost. The Board requires the continuing education to be TYPE 1, which in medical parlance is CAT I. Here are some free online Category I offerings identified by the Medical Society of Virginia and the Board of Medicine that should satisfy the Board's requirement.

Training for Nurse Practitioners and Physician Assistants to Treat Opioid Addiction with Buprenorphine Products –

Course meets the 24-hour requirement for waiver to prescribe

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

PCSS-MAT to Offer Free 24-hour Required Coursework for NPs and PAs

Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) will provide at no cost the required 24 hours of coursework for nurse practitioners (NP) and physician assistants (PA) to prescribe buprenorphine for the treatment of opioid use disorders.

- 8-hour DATA-waiver course is provided by DATA 2000 organizations--American Academy of Addiction Psychiatry, American Psychiatric Association, American Osteopathic Academy of Addiction Medicine, American Society of Addiction Medicine--or PCSS-MAT

- Additional 16 hours of coursework provided by PCSS-MAT

Once NPs and PAs have completed the required 24 hours of training, they may apply for a waiver to prescribe to up to 30 patients beginning in early 2017. To keep up to date with announcements, you may sign up for SAMHSA's Buprenorphine Waiver Management email list.

LEARN MORE

NOTE: NPs and PAs can take courses with other organizations, which may charge a fee.

Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Medication Assisted Treatment (grant no.1U79TI026556) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

New Laws

HB1453 & SB848 Dispensing of naloxone (Effective 2/ 23/17)

Allows a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy pursuant to § 54.1-3423 to dispense naloxone to a person who has completed a training program on the administration of naloxone for opioid overdose reversal, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber, (ii) in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, and (iii) without charge or compensation. The bill also provides that dispensing may occur at a site other than that of the controlled substance registration, provided that the entity possessing the controlled substance registration maintains records in accordance with regulations of the Board of Pharmacy. The bill further provides that a person who dispenses naloxone shall not be liable for civil damages of ordinary negligence for acts or omissions resulting from the rendering of such treatment if he acts in good faith and that a person to whom naloxone has been dispensed pursuant to the provisions of the bill may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill contains an emergency clause.

HB1484 Board of Medicine to amend regulations governing licensure of occupational therapists to specify Type 1 continuous learning activities (Effective 7/1/17 if signed by the Governor)

Directs the Board of Medicine to amend regulations governing licensure of occupational therapists to provide that Type 1 continuing learning activities that shall be completed by the practitioner prior to renewal of a license shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components: the Virginia Occupational Therapy Association; the American Occupational Therapy Association; the National Board for Certification in Occupational Therapy; a local, state, or federal government agency; a regionally accredited college or university; or a health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation. Such regulations shall also provide that Type 1 continuing learning activities may also include an American Medical Association Category 1 Continuing Medical Education program. The bill further provides that the Board of Medicine shall not deem maintenance of any certification provided by such organization as sufficient to fulfill continuing learning requirements for occupational therapists.

HB1514 & SB1024 - Health care practitioners; reporting disabilities of drivers (Effective 7/1/17 if signed by the Governor)

Provides that any doctor of medicine, osteopathy, chiropractic, or podiatry or any nurse practitioner, physician assistant, optometrist, physical therapist, or clinical psychologist who reports to the Department of Motor Vehicles the existence, or probable existence, of a mental or physical disability or infirmity of any person licensed to operate a motor vehicle that the reporting individual believes affects such person's ability to operate a motor vehicle safely is not subject to civil liability or deemed to have violated the practitioner-patient privilege unless he has acted in bad faith or with malicious intent. This bill is identical to SB 1024.

HB1688 - Practice of chiropractic; certain medical evaluations (Effective 7/1/17)

Provides that the practice of chiropractic medicine shall include performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit if the practitioner has (i) applied for and received a certificate as a medical examiner from the Federal Motor Carrier Safety Administration in accordance with 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified Medical Examiners. The bill also provides that it shall be unprofessional conduct for any person to perform the services of a medical examiner as defined in 49 C.F.R. § 390.5 if, at the time such services are performed, the person performing such services is not listed on the National Registry of Certified Medical Examiners or fails to meet the requirements for continuing to be listed on the National Registry of Certified Medical Examiners.

For comprehensive information on FMCSA Medical Examiner Certification, go to: https://nationalregistry.fmcsa.dot.gov/NRPublicUI/documents/Complete_Guide_to_ME_Certification.pdf

HB1747 Advance medical directives; person authorized to provide assistance in completing (Effective 7/1/17 if signed by the Governor)

Defines "qualified advance directive facilitator" as a person who has successfully completed a training program approved by the Department of Health for providing assistance in completing and executing a written advance directive; establishes requirements for training programs for qualified advance directive facilitators; and provides that distribution of a form for an advance directive that meets the requirements of § 54.1-2984 and the provision of ministerial assistance to a person with regard to the completion or execution of such form shall not constitute the unauthorized practice of law.

HB1750 - Dispensing of naloxone; patient-specific order not required. (Effective 7/1/17)

Provides that a pharmacist may dispense naloxone in the absence of a patient-specific prescription pursuant to a standing order issued by the Commissioner of Health authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

HB1767 & SB1009 - Practice of telemedicine; prescribing controlled substances (Effective 2/21/17)

Provides that a health care practitioner who performs or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements for the practice of telemedicine. The bill also authorizes the Board of Pharmacy to register an entity at which a patient is treated by the use of instrumentation and diagnostic equipment for the purpose of establishing a bona fide practitioner-patient relationship and is prescribed Schedule II through VI controlled substances to possess and administer Schedule II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration. The bill contains an emergency clause. This bill is identical to SB 1009.

HB1885 & SB1232 - Limits on prescription of controlled substances containing opioids (Effective 7/1/17)

Requires a prescriber registered with the Prescription Monitoring Program (the Program) to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days. Current law requires a registered prescriber to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than 14 consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of a course of treatment for a surgical or invasive procedure and such prescription is not refillable. The bill extends the sunset for this requirement from July 1, 2019, to July 1, 2022.

HB2095 & SB1020 - Registration of peer recovery specialists and qualified mental health professionals (Effective 7/1/17 if signed by the Governor

Authorizes the registration of peer recovery specialists and qualified mental health professionals by the Board of Counseling. The bill defines "qualified mental health professional" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. The bill requires that a qualified mental health professional provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services. The bill defines "registered peer recovery specialist" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. The bill requires that a registered peer recovery specialist provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a

practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health. The bill adds qualified mental health professionals and registered peer recovery specialists to the list of mental health providers that are required to take actions to protect third parties under certain circumstances and notify clients of their right to report to the Department of Health Professions any unethical, fraudulent, or unprofessional conduct. The bill directs the Board of Counseling and the Board of Behavioral Health and Developmental Services to promulgate regulations to implement the provisions of the bill within 280 days of its enactment. This bill is identical to SB 1020.

HB2119 - Practice of laser hair removal (Effective 7/1/17 if signed by the Governor)

Limits the practice of laser hair removal to a properly trained person licensed to practice medicine or osteopathic medicine or licensed as a physician assistant or nurse practitioner, or to a properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or physician assistant or nurse practitioner.

HB2153 - Durable Do Not Resuscitate Orders; reciprocity (Effective 7/1/17)

Provides that a Durable Do Not Resuscitate order or other order regarding life-sustaining treatment executed in accordance with the laws of another state in which such order was executed shall be deemed to be valid and shall be given full effect in the Commonwealth.

HB2161 & SB1179 Secretary of Health and Human Resources; workgroup to establish educational guidelines for training health care providers in the safe prescribing and appropriate use of opioids (Effective 2/23/17)

Requires the Secretary of Health and Human Resources to convene a workgroup that shall include representatives of the Departments of Behavioral Health and Developmental Services, Health, and Health Professions as well as representatives of the State Council of Higher Education for Virginia and each of the Commonwealth's medical schools, dental schools, schools of pharmacy, physician assistant education programs, and nursing education programs to develop educational standards and curricula for training health care providers, including physicians, dentists, optometrists, pharmacists, physician assistants, and nurses, in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. The workgroup shall report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017. The bill contains an emergency clause.

HB2163 & SB1178 - Prescription of buprenorphine without naloxone; limitation (Effective 7/1/17 if signed by the Governor)

Provides that prescriptions for products containing buprenorphine without naloxone shall be issued only (i) for patients who are pregnant, (ii) when converting a patient from methadone to buprenorphine containing naloxone for a period not to exceed seven days, or (iii) as permitted by regulations of the Board of Medicine or the Board of Nursing. The bill contains an emergency clause and has an expiration date of July 1, 2022.

HB2165 & SB1230 - Opiate prescriptions; electronic prescriptions (Effective 7/1/17 if signed by the Governor)

Requires a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020. The bill defines electronic prescription as a written prescription that is generated on an electronic application and provides that Schedule II through V prescriptions must be transmitted in accordance with federal regulations. The bill requires the Secretary of Health and Human Resources to convene a work group to review actions necessary for the implementation of the bill's provisions and to evaluate hardships on prescribers and the inability of prescribers to comply with the deadline for electronic prescribing and to make recommendations for any extension or exemption processes relative to compliance or disruptions due to natural or manmade disasters or technology gaps, failures, or interruptions of service. The bill requires the work group to report on its progress to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2017, and to issue a final report to such Chairmen by November 1, 2018. **(Implementation Date 7/1/2020)**

BH2167 - Boards of Dentistry and Medicine; regulations for the prescribing of opioids and buprenorphine (Effective when signed by the Governor)

Directs the Boards of Dentistry and Medicine to adopt regulations for the prescribing of opioids and products containing buprenorphine. The bill requires the Prescription Monitoring Program at the Department of Health Professions to provide an annual report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines in the Commonwealth. The bill contains an emergency clause.

HB2277 - Board of Medicine; requirements for licensure (Effective 7/1/17)

Removes provisions related to licensure of graduates of an institution not approved by an accrediting agency recognized by the Board of Medicine. Under the bill, only graduates of institutions approved by an accrediting agency recognized by the Board of Medicine are eligible for licensure. Specifically, it removes the requirement of international medical graduates that take clerkships in the US to only do them in hospitals and institutions that have a residency in the specialty of the clerkship.

SB880 Genetic counselors; licensing; grandfather clause (Effective 7/1/17 if signed by the Governor)

Extends the deadline from July 1, 2016, to December 31, 2018, or to within 90 days of the effective date of the relevant regulations promulgated by the Board, whichever is later, by which individuals who have at least 20 years of documented work experience practicing genetic counseling and meet other certain requirements may receive a waiver from the Board of Medicine of the requirements of a master's degree and American Board of Genetic Counseling or American Board of Medical Genetics certification for licensure as a genetic counselor.

SB1027 Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide (effective 7/1/17 if signed by the Governor

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. The bill contains an emergency clause.

SB1046 - Board of Medicine; requirements for licensure (Effective 7/1/17)

Removes provisions related to licensure of graduates of an institution not approved by an accrediting agency recognized by the Board of Medicine. Under the bill, only graduates of institutions approved by an accrediting agency recognized by the Board of Medicine are eligible for licensure. Known as the parity bill, specifically it requires one year of postgraduate training for all US, Canadian, and international medical graduates.

SB1180 - Boards of Dentistry and Medicine; regulations for the prescribing of opioids and buprenorphine (Effective 2/23/17)

Directs the Boards of Dentistry and Medicine to adopt regulations for the prescribing of opioids and products containing buprenorphine. The bill requires the Prescription Monitoring Program at the Department of Health Professions to annually provide a report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient. The bill contains an emergency clause.

SB1403 & HB 1799 - Board of Pharmacy to deschedule or reschedule controlled substances

Authorizes the Board of Pharmacy (Board) to designate, deschedule, or reschedule as a controlled substance any substance 30 days after publication in the Federal Register of a final or interim final order or rule designating such substance as a controlled substance or descheduling or rescheduling such substance. Under current law, the Board may act 120 days from such publication date. The bill also provides that a person is immune from prosecution for prescribing, administering, dispensing, or possessing pursuant to a valid prescription a substance approved as

a prescription drug by the U.S. Food and Drug Administration on or after July 1, 2017, in accordance with a final or interim final order or rule despite the fact that such substance has not been scheduled by the Board. The immunity provided by the bill remains in effect until the earlier of (i) nine months from the date of the publication of the interim final order or rule or, if published within nine months of the interim final order or rule, the final order or rule or (ii) the substance is scheduled by the Board or by law.

Interested in Becoming an Addiction and Recovery Treatment Service Medicaid Provider?

Here's the link that will tell you about the pathways.

http://www.dmas.virginia.gov/Content_atchs/bh/Pathways%20for%20Becoming%20ARTS%20Provider%20v2.pdf

From the Board of Pharmacy

Prescribers and pharmacists are both critical to impacting the opioid problem in Virginia. A way to enhance communication between prescribers and pharmacists relative to the new Board of Medicine regulations is for the prescribers to indicate on an opioid prescription whether it is written to treat **acute pain, chronic pain, or post-operative pain.** This would be helpful to pharmacists to know if the number of days of opioid is compliant with the regulations, and therefore represents a valid prescription. This notation would reduce phone calls significantly.

Also remember that a physician may prescribe and provide samples of medication, but not dispense drugs to patients from his practice without first obtaining a license to dispense from the Board of Pharmacy. If you are interested in dispensing drugs from your practice, take a look at Board of Pharmacy Guidance Document 110-29.

http://www.dhp.virginia.gov/Pharmacy/pharmacy_guidelines.htm

From the Prescription Monitoring Program (PMP)

Drug overdose deaths and opioid-involved deaths continue to increase in the United States. In 2015, 811 Virginians died from an opioid overdose. The opioid overdose deaths in 2016 were 1133. Although the data is not in yet, it is anticipated that opioid deaths may rise in 2017. The Prescription Monitoring Program (PMP) continues to serve as a valuable tool for prescribers in addressing the opioid abuse crisis.

Using Morphine Milligram Equivalents

Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, and the prescribing/dispensing of naloxone or other measures to reduce risk of overdose. Patients prescribed higher opioid dosages are at higher risk for overdose death. Morphine milligram equivalent (MME) is used to describe a comparison of opioid potency using morphine as the standard. The CDC recommends using extra precaution

when increasing patient's use of opioids to greater than 50 MME per day and to avoid or carefully justify increasing dosages to greater than 90 MME per day. Please note the CDC's suggested dosage thresholds are based on overdose risk when opioids are prescribed for pain and should not guide dosing of medication assisted treatment for opioid use disorder.

Daily morphine milligram equivalents are determined by taking a patient's total dosage of any narcotic in a 24-hour period and converting it to an equivalent amount of morphine using a standardized conversion table. For example, the conversion factor for hydromorphone is 4. To calculate the MME for a patient taking 16mg of hydromorphone per day, multiply the dose by the conversion factor for a total MME of 64. Note, extra caution should be used in calculating and evaluating the MME of methadone and fentanyl. The conversion factor for methadone increases at higher doses and fentanyl is dosed in mcg/hr instead of mg/day and the absorption is affected by heat and other factors.

To assist prescribers in evaluating a patient's MME, the Prescription Monitoring Program (PMP) report contains the calculated MME. The calculated MME is based on all active opioid prescriptions from all prescribers and dispensers for that particular patient as of the date the report is requested. Determination of whether a prescription is "active" is based on the day supply for each drug as reported to the PMP by the dispenser. Prescribers are encouraged to utilize the PMP report, taking the calculated MME into consideration, to determine if further consultation with the patient is necessary and if the offering of naloxone for the patient or caregiver to have on-hand in the event of an overdose is appropriate. Additional information from the CDC on calculating the total daily dose of opioids may be viewed at https://stacks.cdc.gov/view/cdc/38481 and information regarding the guideline for prescribing opioids for chronic pain may be accessed at https://www.cdc.gov/drugoverdose/prescribing/guideline.html.

In August 2016, the Center for Disease Control (CDC) released an update version of the Morphine Milligram Equivalent (MME) conversion table that increased the buprenorphine conversion factor from 10 to 30 for formulations with strengths in milligrams. An example of the result would be that a patient receiving an 8mg dose of buprenorphine/naloxone (Suboxone) twice a day under the old conversion table would have a daily MME rate of 160. Using the new conversion table, that patient would have a daily MME rate of 480. In the updated conversion table, the CDC includes a qualifying statement that the daily MME rates should not be taken into consideration for patients receiving medication assisted treatment (MAT) since they may receive a much higher dose of buprenorphine. The daily MME rates should be considered for patients undergoing treatment for pain with buprenorphine.

In the PMP AWARxE platform, starting in February 2017, the following disclaimer is now provided for PMP reports.

"Per CDC guidance, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain."

FDA RESTRICTION OF CODEINE AND TRAMADOL

Here is the link to a news alert from the FDA that was posted April 20, 2017. It addresses restricting the use of codeine and tramadol medicines in children and also recommends against their use in breastfeeding women. Please read this brief article that recommends new standards of care and incorporate its principles into your day-to-day practice to ensure patient safety.

https://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm554029.htmC

Advisory Boards

Acupuncture	Athletic Trainers	Behavior Analysis	Genetic Counseling
Lynn Almloff, L.Ac., Chair	**Deborah B. Corbatto**, AT	**Keri S. Bethune**, BA, Chair	**Heather A. Creswick**, CGC, VC
Janet L. Borges, L.Ac., VC	**Michael J. Puglia**, AT, Chair	**Amanda A. Kusterer**, ABA	**Marilyn Jerome Foust**, MD
Sharon Crowell, L.Ac.	**Jeffrey B. Roberts**, MD	**Kate Lewis**, BA, VC	**John M. Quillin**, PhD, MPH, MS
Leslie Rubio - Citizen	**Sara L. Whiteside**, AT, VC	**Asha Patton Smith**, MD	**Lori Swain -** Citizen
Chheany W. Ung, MD	**Trilizsa Trent** - Citizen	**Gary M. Fletcher -** Citizen	**Matthew J. Thomas**, ScM, CGC, Chair

Midwifery	Occupational Therapy	Physician Assistants	Polysomnographic Technology
Maya Hawthorn, CPM	**Breshae Bedward**, OT, VC	**Rachel Carlson**, PA-C	**Debbie Akers**, RPSGT, VC
Natasha Jones - Citizen	**Karen Lebo -** Citizen	**Thomas Parish**, PA-C, Chair	**Johnathan Clark**, RPSGT, Chair
Ami Keatts, MD	**Eugenio Monasterio**, MD	**James Potter**, MD	**Marie Quinn --** Citizen
Kim Pekin, CPM, Chair	**Kathryn Skibek, OT**, Chair	**Portia Tomlinson**, PA-C, VC	**Anna Rodriguez**, RPSGT
Mayanne Zielinski, CPM, VC	**Dwayne Pitre, OT**	**VACANT** -Citizen	**Robert Vorona**, MD

Radiological Technologist	Respiratory Therapists	Interested in serving on an advisory board?
Jan Gillespie Clark, RT	**Sherry Compton**, RRT	**Applying for a Position -** *The majority of board/commission seats come due on June 30 each year. While applications are taken year round, we strongly recommend having your application submitted online by March 15 to be fully considered for the upcoming round of appointments.* https://commonwealth.virginia.gov/va-government/gubernatorial-appointments
Joyce O. Hawkins, RT, Chair	**Hollee Freeman**, PhD-citizen	
Patti S. Hershey, RT	**Lois Rowland**, RRT, VC	
Margaret E. Toxopeus, MD	**Daniel Rowley**, RRT, Chair	
VACANT - citizen	**Bruce K. Rubin**, MD	

Recent Meeting Minutes - [Table of Contents]

- Full Board - Minutes
- Legislative Committee - Minutes
- Advisory on Acupuncture - Minutes
- Advisory on Behavior Analysis - Minutes
- Advisory on Occupational Therapy - Minutes
- Advisory on Respiratory Care - Minutes
- Advisory on Physician Assistants - Minutes
- Advisory on Midwifery - Minutes
- Regulatory Advisory Panel - Minutes
- Committee of the Joint Boards of Nursing and Medicine - Minutes

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Upcoming Meetings

- May 15th - Regulatory Advisory Panel
- May 19th – Legislative
- May 29th – Office closed for Memorial Day
- June 5-9 – Advisory Boards
- June 22nd – Full Board
- July 3-4th Office closed for Independence Day

JULY 2017

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BOARD DECISIONS

The following list contains decisions from April 1, 2016 to August 31, 2016. You may access these decisions at www.dhp.virginia.gov (select "License Lookup") or at www.vahealthprovider.com for most MDs, DOs and DPMs. You may also contact the Board Office at (804) 367-4505 to request a copy.

NAME AND LICENSE NO.	DATE OF ACTION	December 2016 THRU February 2017 ACTIONS
Morgan, David Lee, D.O. 0102-201292 Pembroke, VA	12/15/16	Summary suspension as continued practice may be a substantial danger to the public health and safety based inappropriate prescribing.
Abriss, Richard B., M.D. 0101-042057 Virginia Beach, VA	12/29/16	Reprimand based on one patient case of prescribing outside a bona fide practitioner-patient relationship.
Bakhshi, Virat, M.D. 0101-102823 Henrico, VA	12/16/16	Compliance with the Board's Order entered 09/14/15; matter closed, restriction imposed on license shall remain in effect.
Hemrick, Paul, D.O. 0116-028567 Norfolk, VA	12/29/16	Reprimand and to remain in HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Martin, Katherine A., D.O. 0102-201150 Lexington Park, MD	12/20/16	Reprimand based on action by the Maryland Board of Physicians.
Oliva, Arcadio J., M.D. 0101-041969 Orlando, FL	12/09/16	Violation for action taken by the Florida Board of Medicine; no sanction imposed based on compliance with Florida's Order.
Ro, Ohsang, M.D. 0101-244392 Annandale, VA	12/22/16	Compliance with the Board's Order entered 8/17/16; license restored to full and unrestricted status.
Smith, Jamiere Y., M.D. 0101-045908 Chicago, IL	12/12/16	Mandatory suspension based on action by the Illinois Department of Financial and Professional Regulation.
Seepe, Carolyn Sue, M.D. 0101-056595 Danville, VA	12/9/16	Reprimand; license subject to terms and conditions based on one patient case of inappropriate prescribing.
Watson, Brandon J., M.D. 0101-252650 Hanover, MD	12/2/16	Mandatory suspension based on action by the Illinois Department of Financial and Professional Regulation.
Kelly, Peter F., DPM 0103-000746 Roanoke, VA	12/12/16	Reprimand; $1000 monetary penalty; license subject to terms and conditions based on negligence in his care and treatment of one patient and allowing

		unlicensed staff to independently administer controlled substances.
Crotts, Sara E., R.T. 0117-007279 Salem, VA	11/14/16	Reprimand and to remain in HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Lilly, Roxie, O.T.A. 0131-000583 Mullens, WV	1/23/17	Summary rescission of stayed suspension based on non-compliance with the Board's order entered 10/31/2016.
Lander, Christopher J., M.D. 0101-043353 Charlottesville, VA	1/25/17	Summary suspension as continued practice may be a substantial danger to the public health and safety based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Bivins, Don H., M.D. 0101-029470 Roanoke, VA	12/5/16	Reprimand; $30,000 monetary penalty; license subject to terms and conditions based on aiding and abetting the unlicensed practice of medicine; and multiple patient cases of inappropriate prescribing.
Cates, Robert J., M.D. 0101-026295 Fairfax Station, VA	1/4/17	Reprimand; license subject to terms and conditions based on one patient case of inappropriate prescribing and failing to maintain a complete medical record.
Dammoju, Sabita, M.D. 0101-244363 Herndon, VA	1/23/17 1/30/17	Reprimand; $1,500 monetary penalty based on one patient case of inappropriate standard of care and failure to timely notify the Board of a medical malpractice payment. Compliance with the Board's Order entered 1/23/17; license restored to full and unrestrictive status.
Hussain, Nizar M., M.D. 0101-225617 McLean, VA	1/12/17	Compliance with the Board's Order entered 1/6/2015; license reflects current active status, restriction imposed shall remain in effect.
Keller, Kevin A., M.D. 0101-038159 Midlothian, VA	1/23/17	Reprimand; license subject to terms and conditions based on two patient cases of inappropriate prescribing.
Mynes, Timothy F., D.O. 0102-203874 Forest, VA	1/26/17	Compliance with the Board's Order entered 9/9/2015; terms terminated and license restored to full and unrestricted status.

Peery Norman, Sandra M., D.O. 0102-203423 Bluefield, VA	1/25/17	Compliance with the Board's Order entered 9/29/2016; terms terminated and license restored to full and unrestricted status.
Russ, Mark D., M.D. 0101-051554 Big Stone Gap, VA	1/3/17	Reprimand based on one patient case of inappropriate standard of care.
Saado, Walid, M.D. 0101-050942 Clintwood, VA	1/12/17	Reprimand; license subject to terms and conditions based on failure to manage and maintain timely, accurate and complete medical records and multiple patient cases of inappropriate prescribing.
Stokes, Myron C., M.D. 0101-243477 Collierville, TN 38017	1/24/17	Mandatory Suspension based on action by the Mississippi State Board of Medical Licensure.
Wander, Jagdeep S., M.D. 0101-253074 Salem, VA	1/6/17	Reprimand; license subject to terms and conditions based on inability to practice with reasonable skill and safety due to illness and/or substance abuse and engaging in unprofessional conduct.
Yan, Dianna S.L., M.D. 0101-052832 Gaithersburg, MD	1/30/17	License subject to terms and conditions based on action by the Maryland Board of Physicians.
Bailey, Nathaniel W., M.D. 0101-254863 North Wales, PA	2/15/17	Reprimand and to remain in HPMP based on inability to practice with reasonable skill and safety due to illness or substance abuse.
Brill, Louis B., II, M.D. 0101-242320 Alexandria, VA	2/27/17	Reprimand based on one patient case of inappropriate standard of care.
Cho, Jai Jong, M.D. 0101-034437 Charlottesville, VA	2/10/17	Compliance with the Board's Order entered 3/31/2014; terms terminated and license restored to full and unrestricted status.
Fernandez, Fausto D., M.D. 0101-039947 Alexandria, VA	2/24/17	Reprimand based on aiding and abetting the practice of unlicensed medicine.
Gurland, Steven V., M.D. 0101-252731 Sunrise, FL	2/13/17	Mandatory suspension based on action by the Alaska State Medical Board.
Keller, Kevin A., M.D. 0101-038159 Midlothian, VA	02/14/17	Compliance with the Board's Order entered 01/23/2017; terms terminated and license restored to full and unrestricted status.
Massumi, M. Michael, M.D. Towson, MD	2/24/17	Denial of reinstatement of his license based on not demonstrating that he is safe and competent to return to practice.

Morgan, David L., D.O. 0102-201292 Pembroke, VA	2/7/17	Indefinitely suspended based on multiple cases of inappropriate prescribing and multiple patient cases of inadequate medical records.
Oppenheimer, Jonathan R., M.D. 0101-051958 Franklin, TN	2/23/17	Mandatory suspension based on action by the Wisconsin Medical Examining Board.
Small, Mary E., M.D. 0101-054650 Richmond, VA	2/6/17	Voluntary surrender of license based on inability to practice with reasonable skill and safety due to illness.
Stracner, Darcy L., M.D. 0101-241053 Bristol, TN	2/1/17	Reprimand and to remain in HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Taylor, Albert W. II, M.D. 0101-056975 Springfield, VA	2/7/17	Voluntary surrender for suspension of license based on inability to practice with reasonable skill and safety due to illness.
Williams, Paul D., M.D. 0101-038805 Wytheville, VA	2/10/17	Compliance with the Board's Order entered 2/1/2016; terms terminated and license restored to full and unrestricted status.
Murza, Stefan D., D.C. 0104-001165 Portsmouth, VA	2/24/17	Denial of reinstatement of his license based on not demonstrating that he is safe and competent to return to practice and continued on indefinite suspension for a period of not less than 2 years.
Kelly, Peter F., DPM 0103-000746 Roanoke, VA	2/28/17	Compliance with the Board's Order entered 12/12/2016; terms terminated and license restored to full and unrestrictive status.
Mengesha, Simret T., Lim. Rad Tech. 0122-002410 Henrico, VA	1/3/17	Required to enter HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Skudlarek, Timothy, A.T. 0126-002659 Salamanca, NY	2/13/17	Mandatory suspension based on revocation of license by the Ohio OT, PT and AT Board.

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:

Edwards, Marnita A., Poly Tech 0135-000445	1/26/17
Khan, Ashleigh Lizell, Poly Tech 0135000450	2/17/17

Virginia Board of Medicine
Board Members 2016-2017

Syed Salman Ali, MD 2nd Term Expires June 2020 District: 11 – Vienna	**Jane Hickey, JD** 1st Term Expires 2019 Citizen Member – Richmond
Barbara Allison-Bryan, MD, President 2nd Term Expires June 2020 District: 1 - North	**Isaac Koziol, MD** 1st Term Expires June 2020 District: 7 - Manakin Sabot
David Archer, MD 1st Term Expires June 2020 District: 2 - Norfolk	**Maxine M. Lee, MD** 1st Term Expires June 2018 District: 6 - Roanoke
J. Randolph Clements, DPM 2nd Term Expires June 2018 Podiatrist - Roanoke	**Kevin O'Connor, MD, Vice-President** 2nd Term Expires June 2020 District: 10 – Leesburg
Lori D. Conklin, MD 1st Term Expires June 2017 District: 5 – Charlottesville	**Wayne Reynolds, DO** 2nd Term Expires June 2016 Osteopath - Gloucester Point
Deborah DeMoss Fonseca 1st Term Expires June 2017 Citizen Member - Springfield	**David Taminger, MD** 1st Term Expires June 2019 District: 4 - Midlothian
Alvin Edwards, PhD 1st Term Expires June 2019 Citizen Member - Charlottesville	**Svinder Toor, MD** 1st Term Expires June 2019 District: 3 – Norfolk
David C. Giammittorio, MD 2nd Term Expires June 2020 District: 8 - Lorton	**Nathaniel Ray Tuck, Jr., DC, Secretary-Treasurer** 1st Term Expires June 2017 Chiropractor - Blacksburg
The Honorable Jasmine Gore Unexpired Term Expires June 2017 Citizen Member – Hopewell	**Kenneth J. Walker, MD** 2nd Term Expires June 2020 District 9 - Pearisburg

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