

Virginia Board of Medicine BOARD BRIEFS

Newsletter #75
April 2014

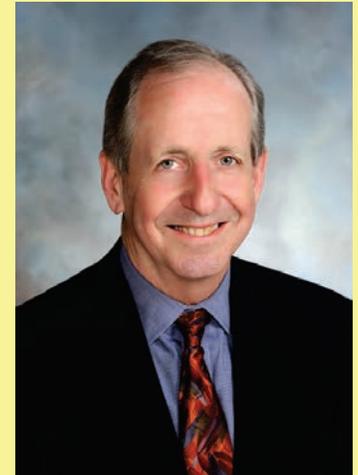
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Meet David E. Brown, D.C., New Director for the Department of Health Professions

David E. Brown, D.C. was appointed in 2014 by Governor Terry McAuliffe as the eighth Director of the Virginia Department of Health Professions (DHP).



Dr. Brown is a former member of the Virginia Board of Medicine (BOM) and the Board of Advisors to the American Board of Independent Medical Examiners. He also served as Mayor of the City of Charlottesville between 2004 and 2008, continuing on city council until 2012. Dr. Brown began his healthcare career in 1982 when he established his chiropractic office in Charlottesville. Most recently, he was special assistant for two years to Delegate David Toscano (D-VA).

A former president of the Federation of Chiropractic Licensing Boards, Dr. Brown was also a member of the Virginia High School League Sports Medicine Advisory Committee and the National Board of Chiropractic Examiners. Additionally, Dr. Brown was Chief Operating Officer for Edison2, a Charlottesville area start-up company that won the prestigious 2010 Automotive XPRIZE for high fuel efficiency.

A native of Virginia's Eastern Shore, Dr. Brown graduated from the University of Virginia in 1977, and received his chiropractic degree from Western States Chiropractic College, in Portland, Oregon, in 1981. He and his wife, Jean Hiatt, have two grown sons.

An Executive Branch agency in the Health and Human Resources Secretariat, DHP is composed of Virginia's 13 health regulatory boards, the Board of Health Professions, the Prescription Monitoring Program and the Health Practitioners' Monitoring Program. The mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

The following article is provided to the Board of Medicine courtesy of W. Scott Johnson, Esq. and Gerald C. Canaan, II, Esq.

WARNING OVER THE USE OF ILLEGALLY IMPORTED PRESCRIPTION DRUGS by: W. Scott Johnson, Esquire and Gerald C. Canaan, II, Esquire

The U.S. Food and Drug Administration (“FDA”) oversees the importation and sale of foreign drugs by physicians to patients in the United States. The United States Federal Food, Drug, and Cosmetic Act (21 U.S.C. §§ 301 *et seq.*) provides that physicians may only purchase drugs from wholesalers that are appropriately licensed or registered in the states where they conduct business. In Virginia, nonresident pharmacies must register with the Board of Pharmacy. Va. Code § 54.1-3434.1.

In recent years, the FDA has seen an increase in the number of reports involving physicians who have made purchases, some knowingly and some unknowingly, from foreign, unlicensed pharmacies or wholesalers (a/k/a “black market” or “counterfeit purchases”). The FDA routinely sends warning letters to physicians reported to have violated the law and advises them to stop purchasing or administering drugs received from foreign or unlicensed suppliers.¹

Among the FDA’s interests in regulating the importation and sale of prescription drugs are enforcement of federal law and patient safety. For example, a physician may purchase Botox from an appropriate wholesaler and then learn through the internet or other marketing efforts that Botox is available for purchase at a lower price from a wholesaler located in Turkey. The physician switches wholesalers but fails to determine whether the Turkish wholesaler is licensed pursuant to state and federal law. What is shipped to the physician appears to be Botox and is labeled as Botox, but the product does not conform to the FDA’s particular standards, which regulate the approval, labeling, and dispensation of prescription drugs. 21 U.S.C. §§ 353 and 355. Whether the wholesaler follows manufacturing safeguards mandated by the FDA cannot be determined and the drug is counterfeit.

The Virginia Board of Medicine has authority to discipline its licensees. Specifically, Va. Code § 54.1-2915 provides a list of actions or conduct that can constitute unprofessional conduct. Subsection (17) of this section provides that a violation of any provision of statute or regulation, state or federal, relating to the manufacture, distribution, dispensing, or administration of drugs constitutes unprofessional conduct. Therefore, Virginia law authorizes the Board of Medicine to take action against physicians who knowingly import prescription drugs from unauthorized sources.

The FDA provides copies of the warning letters it issues to Virginia physicians to the Board of Medicine. These letters are treated as complaints and are investigated by the Board. The Board has issued notices of disciplinary action to physicians who have knowingly engaged in the purchase of illegally imported drugs.

Recently, seven physicians in Ohio drew national attention when they were charged in federal court for the criminal importation of illegal drugs and ordered to pay \$2.6 million in restitution.² Similar litigation has been filed in the United States District Court for the Eastern District of Virginia.

¹ An example of such a letter is available here:

<http://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm330610.htm#Text>

² Angela Townsend, Seven Doctors Get Probation, Must Pay 2.6 Million for Importing Illegal Cancer Drugs, The Plain Dealer, Jan. 29, 2014. Available at:

http://www.cleveland.com/healthfit/index.ssf/2014/01/7_doctors_get_probation_must_p.html

Physicians who file insurance claims or bill third party payors for the sale of or administration of drugs obtained on the black market have been subjected to criminal charges under the False Claims Act.³ In addition, the sale or administration of drugs obtained on the black market will likely cause a physician's professional liability insurer to deny coverage on a medical malpractice claim due to policy exclusion language (i.e., fraud, misrepresentation).

Best practices dictate that physicians should only purchase prescription drugs from wholesale distributors licensed by the Virginia Board of Pharmacy pursuant to §§ 54.1-3434.1 *et seq.* or from pharmacies exempt from licensure.

Taking an online pharmacy up on its promise of large quantities of drugs for cheaper prices than can be found elsewhere carries many professional and financial risks. For this reason, no physician should permit office personnel to change pharmaceutical purchasing practices without physician oversight and approval. When in doubt, consult The FDA's website (www.fda.gov/BeSafeRx) to determine the legitimacy of an online pharmacy. The common sense principal of "if it sounds too good to be true, it probably is" applies here.

PROJECT REVIVE!

In 2013, the Virginia General Assembly passed House Bill 1672, directing the Department of Behavioral Health and Developmental Services (DBHDS), in conjunction with the Department of Health, the Department of Health Professions, law enforcement, and the recovery community, to conduct a pilot project on the administration of naloxone to counteract the effects of opiate overdose. DBHDS has designated the metropolitan Richmond area (the counties of Charles City, Chesterfield, and Henrico and the city of Richmond) and the far southwestern area of the state (the counties of Buchanan, Dickinson, Lee, Russell, Scott, Tazewell, Washington, and Wise and the cities of Bristol and Norton) as pilot regions and is working to implement this program, which it has named REVIVE! Virginia is among 19 states (plus the District of Columbia) to have a state-sponsored naloxone administration program. (Nationally, there are also about 50 programs operated by local organizations.)

Opiate abuse is affecting Virginia, particularly the abuse of the prescription drugs. In 2011, 394 citizens died as the result of misuse of fentanyl, methadone, hydrocodone, and/or oxycodone, an increase of more than 20% (20.85%) since these data were first tracked by the Office of the Chief Medical Examiner in 2006. In 2011, for the first time ever, the rate of drug-related deaths (9.6 per 100,000) exceeded that of the rate of death from motor vehicle crashes (9.4 deaths per 100,000).

The Virginia law allows prescribers to write a prescription for the lay rescuer to use on a third party unknown to the prescriber. This law also provides "Good Samaritan" protection for lay rescuers administering naloxone to individuals who are experiencing an overdose, so long as those individuals are participating in the pilot project. Prior to receiving the prescription, lay rescuers are required to receive comprehensive training on recognizing overdose, administering naloxone, calling 911 for emergency medical assistance, and encouraging the individual to seek treatment for their drug use. The prescription should allow for two doses as the opioid blocking effect of naloxone only lasts for about 45 minutes, and an additional dose may be necessary to keep the person alive until medical help can be obtained. REVIVE! is utilizing the nasal administration method for naloxone, alleviating any issues concerning the dangers of needles or infection at the injection site.

If you have any questions about REVIVE!, please contact Jason Lowe, DBHDS Behavioral Health Program Analyst, at jason.lowe@dbhds.virginia.gov or (804)786-0464.

³ 31 U.S.C. §§ 3229-3733.

REVIVE! NEWSLETTER

OPIOID OVERDOSE PREVENTION FOR VIRGINIA

MARCH 13, 2014

Hello everyone,

Please find attached the latest edition of the REVIVE! newsletter. Please feel free to distribute this to people you think would be interested, and if they would like to receive the newsletter directly, they can send their contact information to Jason at jason.lowe@dbhds.virginia.gov. Don't forget to check the "In the News" section. Because we skipped the last newsletter release, it has a lot of items you may find interesting. If you find items you think should be included, please forward them to Jason. Please contact Mellie Randall (mellie.randall@dbhds.virginia.gov) or Jason if you have any questions.

NALOXONE KITS

Procurement issues have delayed the purchasing of kit bags and equipment. However, the REVIVE! team has been working closely with the DBHDS' procurement director to expedite this process. We hope to have bags on order in the very near future. He has also identified a potential vendor to perform the labor-intensive process of filling all the bags with the necessary supplies.

MEDICATION ACCESS

DBHDS has been discussing REVIVE! with the Virginia Board of Medicine, bringing them up to speed on the project and what impact it will have for Virginians. A short information piece on REVIVE! will appear in the next edition of the Board of Medicine's "Board Briefs." Thanks to William Harp, M.D., Executive Director of the Board of Medicine for his help.

OPERATIONS/LOGISTICS

Some kit and training materials, including mucosal atomizer devices and CPR mannequins (for use in trainings) have already been delivered. More items get ordered and delivered every day, bringing us closer all the time to pre-pilot implementation of REVIVE!

TRAINING

We are very close to formalizing our first Training of Trainers (TOT) event. The training curriculum and trainer's agreement are receiving final editing and formatting. Once the training agreement is done, it will be distributed to everyone who has expressed an interest in being a trainer for REVIVE! If you are interested in becoming a trainer, please let Jason know ASAP! When the last couple hurdles are cleared, we will be securing our TOT trainer and setting a date for this important event!

Events and Resources

Best Practices in Responsible Opioid Prescribing and Dispensing: A Healthcare Provider Training <http://www.etsu.edu/com/cme/DrugAbuse.aspx>

Four things you can do to prevent overdose deaths - <http://wh.gov/lnQ1k>, Office of National Drug Control Policy

IN THE NEWS

Philip Seymour Hoffman's Death Points to Broader Opioid Drug Epidemic - <http://wapo.st/1174z1C>
Joel Achenbach, Washington Post

100 Americans Die of Drug Overdoses Each Day – How Do We Stop That? - <http://wapo.st/1aDT16X>, Harold Pollack, Washington Post

Back from the Brink: Groups Urge Wide Use of Opioid Antidote to Avert Overdoses - <http://jama.jamanetwork.com/article.aspx?articleid=1829642>, Bridget Kuehn, Journal of the American Medical Association

A suburban heroin addict describes his brush with death and his hopes for a better life - <http://wapo.st/1h4aV7e>, Ben Cimon, Washington Post

Law enforcement officer prevented overdose death on Staten Island - <http://wh.gov/IRi12>
Cameron Hardesty, Office of National Drug Control Policy

Indianapolis police to start carrying naloxone - <http://indy.st/1aSFqtR>, Jill Disis, Indianapolis Star

SAMHSA issues advisory to treatment community on the danger of heroin contaminated with fentanyl - <http://www.samhsa.gov/newsroom/advisories/1402075426.aspx>

Two of America's biggest drug problems are intertwined - http://www.huffingtonpost.com/2014/02/07/prescription-pain-killers_n_4745825.html, Jillian Berman, Huffington Post



CME AUDITS

You may soon receive the following letter. If so, you will have 30 days to submit your materials to the Board.

Dear Dr.:

In 1997, the General Assembly of Virginia passed law (§ 54.1-2912.1) to ensure the continued competency of practitioners licensed by the Board of Medicine. Board of Medicine Regulations 18VAC 85-20-235 require doctors renewing in active status to attest to having obtained at least 60 hours of continuing education in the two years immediately preceding licensure renewal.

Further the Board of Medicine is required to perform random audits of 1-2% of its licensees renewing in an active status to determine compliance with the regulations.

You have been selected for this random audit.

You are required by regulation to provide the documentation of your continuing education credits and any supporting materials within 30 days of receiving notification of this audit.

Please forward to the Board of Medicine copies of your certificates that document at least 60 hours of continuing education activities from the two years immediately preceding your most recent renewal. A minimum of 30 of the 60 hours shall be in Type 1 activities, which are courses offered by an accredited sponsor or organization recognized by the profession. No more than 30 hours shall be Type 2 self-directed study activities or non-accredited courses.

You may use the enclosed form to attach your Type 1 credits and to include the information for your Type 2 credits within 30 days of receipt of this correspondence. The Board does not require verification of more than the 60 hours required for renewal.

Thank you for your cooperation. Send the documentation to the following address:

Alan Heaberlin
Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Very truly yours,

Alan Heaberlin
Deputy Director
Virginia Board of Medicine

EMERGENCY REGULATIONS FOR PHYSICIAN ASSISTANTS **P**ERFORMING FLUOROSCOPY

Emergency regulations became effective November 12, 2013 and do not expire until May 11, 2015. Final regulations will need to replace the emergency regulations prior to their expiration. The entire text of the regulations is included here for your review.

18VAC85-50-117. Authorization to use fluoroscopy.

A physician assistant working under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology is authorized to use fluoroscopy for guidance of diagnostic and therapeutic procedures provided such activity is specified in his protocol and he has met the following qualifications:

1. Completion of at least 40 hours of structured didactic educational instruction and at least 40 hours of supervised clinical experience as set forth in the Fluoroscopy Educational Framework for the Physician Assistant created by the American Academy of Physician Assistants (AAPA) and the American Society of Radiologic Technologists (ASRT); and
2. Successful passage of the ARRT Fluoroscopy Examination.

BEHAVIOR ANALYST AND ASSISTANT BEHAVIOR ANALYST **R**EGULATIONS

The Board is currently in the unfortunate posture of not being able to issue licenses to behavior analysts and assistant behavior analysts. The Board's emergency regulations have expired, and the final regulations were only recently signed. They will become effective May 7, 2014, which is when the Board of Medicine can resume issuing licenses. Should you have any questions, you can contact Bradley Verry at the Board at: Bradley.verry@dhp.virginia.gov

AD HOC COMMITTEE ON TELEMEDICINE

At its February 20, 2014 full Board meeting, staff noted that it was receiving more and more inquiries regarding the Board's stance on telemedicine. The Board has no laws and no regulations that specifically speak to telemedicine. The Board studied telemedicine in the late 90's, but has not addressed it since that time. Greater definition of the Board's posture with telemedicine would be helpful to all, including the public, the media, attorneys, Board members and Board staff. The Board voted to establish an ad hoc committee to study the current telemedicine landscape and develop a guidance document reflective of current law and regulation, Board case decisions, and best practices in the industry.

HEALTH PRACTITIONERS' MONITORING PROGRAM

The Department of Health Professions has a contract with Virginia Commonwealth University Health System, Department of Psychiatry, Division of Addiction Psychiatry, to provide confidential services for the health practitioner, who may be impaired by any physical or mental disability, or who suffers from chemical dependency.

Available services include intake, referrals for assessment and/or treatment, monitoring, and alcohol and drug toxicology screens.

Practitioners who meet certain criteria may receive approval for a stay of disciplinary action. This allows the practitioner to focus on recovery efforts. Requests for stayed disciplinary action are reviewed by a designated board liaison, with the final decision being made by the Monitoring Program Committee.

The Health Practitioners' Monitoring Program eligibility requirements are:

- practitioner must hold a current, active license, certification, or registration issued by a health regulatory board in Virginia or a multi state licensure privilege or,
- an applicant for initial licensure, certification, and registration or for reinstatement is eligible for participation for up to one year from the date of receipt of their application.

For more information view the [Health Practitioners' Monitoring Program Orientation Handbook](#).

Reporting Forms can be found on the [forms page](#).

For further information or referral, call HPMP toll-free at 1-866-206-4747 or email: VAHPMP@VCU.EDU.

Laws and Regulations:

[Laws governing Health Practitioners' Monitoring Program](#)

[Regulations governing Health Practitioners' Monitoring Program](#)

PRESCRIPTION MONITORING PROGRAM (PMP)

The PMP has proven itself to be a critical tool in the Board of Medicine's mission to protect the public. Registered users made over 1.3 million requests last year with 68% of those requests made by prescribers. The PMP is now interoperable with 15 other states to include TN and WV! If you have not signed up to use the PMP, you are encouraged to do so and join the over 19,000 users that are currently registered. The PMP captures Schedule II-IV controlled substances; it is not just for those prescribers that treat chronic pain. It is useful in emergency/urgent care settings, primary care, and many different specialties. To sign up, go to: <https://www.pmp.dhp.virginia.gov/VAPMPWebCenter/login.aspx> and click on "Not a member? Register" to begin the process. For more information, view the program's new brochure *Maximizing Management, Minimizing Risk* at: http://www.dhp.virginia.gov/dhp_programs/pmp/docs/PMPBrochure.pdf

PMP YOUTUBE TUTORIALS

In January, Virginia's Prescription Monitoring Program (PMP) launched the Department of Health Professions (DHP) first online tutorial on the state's YouTube account to assist prescribers and other healthcare practitioners on how to register to use the system. The tutorials can also be found on the DHP website at http://www.dhp.virginia.gov/dhp_programs/pmp/media.asp.

SAVE THE DATE

On **Saturday, April 26, 2014**, Virginia will participate in the eighth 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 in an environmentally safe manner. Last October, citizens turned in 647,211 pounds (324 tons) of expired and unwanted medications for safe and proper disposal. It was the second largest collection of medications in seven Take-Back Days. Additional information on how BOM licensees can assist in this effort is forthcoming. Visit http://www.dea diversion.usdoj.gov/drug_disposal/takeback/index.html for more information.

BEST PRACTICES IN RESPONSIBLE OPIOID PRESCRIBING AND DISPENSING - FREE CAT I CME SEMINARS



Saturday, April 5, 2014, Danville, VA [Click here to register](#)
Sunday, April 6, 2014, Williamsburg, VA [Click here to register](#)
8:00 a.m. - 12:00 p.m.

For more information or to view the agenda, [click here](#). To register, click on one of the links above or call 423.439.8027.

In March and April, the Virginia Department of Health, East Tennessee State University Quillen College of Medicine, and the Virginia Dental Association are partnering to offer a **FREE** forum, *Best Practices in Responsible Opioid Prescribing and Dispensing: A Healthcare Provider Training*, a free forum that will provide health care providers with knowledge and skills to apply in clinical practice regarding prescribing controlled substances.

**Education
Credits:**



Joint Providership: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Quillen College of Medicine at East Tennessee State University and the Virginia Department of Health. Quillen College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

ACCME Accreditation: Quillen College of Medicine, East Tennessee State University, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.



CME Credit: Quillen College of Medicine, East Tennessee State University designates this live activity for a maximum of ***4.0 AMA PRA Category 1 Credits™***. Physicians should only claim credit commensurate with the extent of their participation in the activity

ADA CERP credit: The Virginia Dental Association is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry



The Virginia Dental Association designates this activity for 3.5 continuing education credits.

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between The Virginia Dental Association and Quillen College of Medicine, East Tennessee State University.

D EATH CERTIFICATES

Just a reminder that death certificates need to be filled out in a timely manner as required by law.

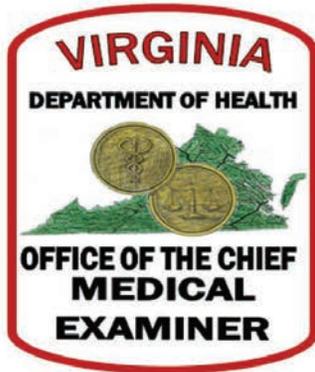
§ 32.1-263. Filing death certificates; medical certification; investigation by medical examiner.

C. The medical certification shall be completed, signed in black or dark blue ink, and returned to the funeral director within 24 hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death except when inquiry or investigation by a medical examiner is required by § [32.1-283](#) or [32.1-285.1](#), or by the physician that pronounces death pursuant to § [54.1-2972](#).

In the absence of such physician or with his approval, the certificate may be completed and signed by the following: (i) another physician employed or engaged by the same professional practice; (ii) a physician assistant supervised by such physician; (iii) a nurse practitioner practicing as part of a patient care team as defined in § [54.1-2900](#); (iv) the chief medical officer or medical director, or his designee, of the institution, hospice, or nursing home in which death occurred; (v) a physician specializing in the delivery of health care to hospitalized or emergency department patients who is employed by or engaged by the facility where the death occurred; (vi) the physician who performed an autopsy upon the decedent; or (vii) an individual to whom the physician has delegated authority to complete and sign the certificate, if such individual has access to the medical history of the case and death is due to natural causes.

The Department of Health has been working to get the process of filling out death certificates online to eliminate travel, enhance communication amongst the parties to the process, and reduce the amount of time it takes to complete the certificate.

VIRGINIA OFFICE OF THE CHIEF MEDICAL EXAMINER – COMMUNITY SERVICE OPPORTUNITY



Virginia Office of the Chief Medical Examiner Compensated Community Service Opportunity As A Local Medical Examiner

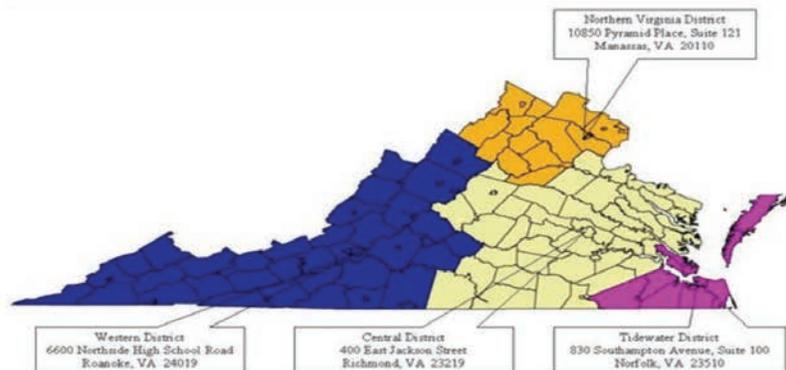
Local Medical Examiner Program at a Glance

- As an agent of the Commonwealth of Virginia, you will be compensated \$150 for each case you accept under the jurisdiction of the Office of the Chief Medical Examiner. You will receive an additional \$50 for every non-hospital death scene you visit as well.
- Performing your LME duties will not require any additional malpractice coverage.
- You will be eligible to attend biannual LME training which typically awards 8 hours of CME credits at each program.
- Your LME duties provide a critical community service by ensuring those who die a violent or unnatural death have their cases properly investigated and their deaths appropriately certified.
- You will expand your professional acquaintances through your partnerships with local Law Enforcement Officers and Commonwealth's Attorneys.

Are you a fan of TV shows like CSI, Law and Order, and Criminal Minds? Do you dive into the novels of authors such as Grisham, Baldacci and Cornwell? As a licensed Virginia Physician, you have the opportunity to enter the real world of medicolegal death investigation by performing a valuable community service and assisting law enforcement within your locality while receiving monetary compensation.

Serving the citizens of Virginia as a per-diem Local Medical Examiner (LME) is not only rewarding, but extremely interesting as it allows you, the physician LME, to enter the intriguing and restricted world of medicolegal death investigation and still maintain your full-time medical practice.

As a Virginia LME, you will work within a nationally recognized, statewide medicolegal death investigation system with a team of forensic pathologists and medicolegal death investigators who are always available to assist you.



If you have any questions or if you are interested in serving as a Local Medical Examiner in your community, please contact our LME coordinator Glenn McBride at (804) 786-1032 or email him at glenn.mcbride@vdh.virginia.gov.

SAFETY STARTS WITH YOU! EXPAND YOUR PRACTICE AND BECOME A **SCERTIFIED MEDICAL EXAMINER PERFORMING DOT PHYSICAL EXAMS FOR COMMERCIAL DRIVERS**

The U.S. Department of Transportation's Federal Motor Carrier Safety Administration (FMCSA) has raised the bar for medical examiners. As of May 2014, medical professionals who wish to conduct DOT physicals for truck and bus drivers must register with FMCSA through the National Registry of Certified Medical Examiners, complete required training, and pass an exam.

Being a certified medical examiner and performing DOT exams is an important service that can improve your visibility, create a surge in your patient population, and prove to be a revenue booster for your practice. Certified medical examiners are nationally recognized medical providers with distinct knowledge and specialized skills. Commercial motor vehicle (CMV) drivers know that only certification cards signed by a certified medical provider will be considered valid and allow them to legally drive.

CMV drivers are a highly mobile population by nature and may use any certified medical examiner listed on the National Registry. The National Registry provides an easy Google map search function for drivers to locate a certified medical examiner that is convenient to them. This will enable many new patients to find your practice and could help you fill empty appointments.

The medical examiner training will provide information on FMCSA regulations and guidelines as well as driver health and occupational challenges. After completion of the training, which could be as short as one day, examiners must then pass a certification test. Once certified, the name and contact information is searchable on a national map by name or location.

Medical examiners must be listed on the National Registry of Certified Medical Examiners to perform DOT physicals before May 21, 2014. After that date, every commercial driver in need of a DOT medical exam must go to a certified provider on the National Registry.

Log on to the National Registry website and register today! Take the training that best suits your needs, pass your test, and get a head start toward improved public safety for everyone!

Find out more by visiting the National Registry website at <https://nationalregistry.fmcsa.dot.gov>.

DO YOU PERFORM DOT PHYSICAL EXAMS?

If you perform DOT physical examinations, you need to know about the Federal Motor Carrier Safety Administration's (FMCSA) National Registry of Certified Medical Examiners (National Registry). All medical examiners (MEs) who perform physical examinations for interstate commercial motor vehicle (CMV) drivers must be trained and certified in FMCSA physical qualification standards.

By May 21, 2014, all medical examiners that perform physical examinations for interstate commercial motor vehicle (CMV) drivers must be trained and certified in FMCSA physical qualification standards. Start the certification process today! Ensure you are certified and listed on the National Registry well ahead of the compliance date. To be a certified medical examiner you must:

1. Register online
2. Complete accredited training
3. Pass a standardized certification test

Registration

To register, go to the National Registry website at <https://nationalregistry.fmcsa.dot.gov> and click “Register to Become Certified” then click, “Start Today.” Enter all the requested information and click submit. Once you’ve completed registration you will receive an email confirmation that includes your National Registry Number. This number will be your unique identifier for the National Registry program.

Training

The next step is to complete training. You must complete training provided by an organization that meets the following requirements:

- Accredited by a nationally recognized medical profession accrediting organization to provide continuing education units
- Meets the current core curriculum specifications established by FMCSA for medical examiner training
- Provides training participants with proof of participation
- Provides FMCSA point of contact information to training participants

You can visit the National Registry website at <https://nationalregistry.fmcsa.dot.gov> to find a list of organizations who offer National Registry training. Some training organizations offer online training as well as instructor-led training. Although FMCSA posts training organizations’ contact information on the National Registry website, FMCSA does not approve or endorse training providers or courses. It is your responsibility to make sure the training course you attend meets the regulatory requirements.

Testing

After you complete training, you must pass the FMCSA Medical Examiner Certification Test. Currently, there are two nation-wide testing organizations approved by FMCSA to administer the certification test—PSI and Prometric. You can search for a test center location near you by visiting the National Registry website at <https://nationalregistry.fmcsa.dot.gov>.

Be sure to take the following with you to the test center on test day:

- Valid photo ID;
- Valid license to practice in your healthcare profession;
- Certificate of completion of training; and
- National Registry Number.

Once you pass the test, you will receive a FMCSA Medical Examiner certification credential valid for 10 years. You will also be listed on the online directory on the National Registry website.

Maintaining Certification

To maintain your National Registry certification you must be licensed, certified, and/or registered, in accordance with applicable state laws and regulations to perform physical examinations in each state you perform CMV driver exams. You also must complete periodic training as specified by FMCSA every 5 years,

pass the FMCSA Medical Examiner Certification Test every 10 years, and provide proof of eligibility to be a certified Medical Examiner to FMCSA upon request.

Reporting Requirements

As a certified medical examiner you will be required to electronically complete and transmit to FMCSA via your secure National Registry account, a Form MCSA-5850, CMV Driver Medical Examination Results, for each CMV driver you examined during the previous month. In order to continue to be listed on and to continue participation in the National Registry, you need to comply with this requirement on a monthly basis. If you have not conducted any exams during the month, that must be reported as well.

Implementation of the National Registry program demonstrates the commitment of the FMCSA to making our Nation's highways safer. Register today at <https://nationalregistry.fmcsa.dot.gov> and help increase public safety on America's busy highways.

NEW LAW SIGNED BY GOVERNOR McAULIFFE AND CURRENTLY IN EFFECT

HB580 Active Duty Medical Providers -<http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0008>

This bill authorizes active duty army, navy, coast guard, marine corps, air force or public health service healthcare providers to attend patients in public and private healthcare facilities in accordance with official orders from the military or public health service.

NEW LAWS SIGNED BY GOVERNOR McAULIFFE AND WILL TAKE EFFECT JULY 1, 2014

HB539 Prescription Monitoring Program - <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0072>

Any prescriber authorized to access the PMP may delegate such authority to a healthcare professional that is licensed, registered or certified by a Department of Health Professions regulatory board, or licensed in another jurisdiction and employed at the same facility under the direct supervision of the prescriber.

HB541 Declaration of Medically and Legally Dead - <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0073>

This bill removes the requirement for a second physician other than the expert in neurology, neurosurgery, electroencephalography or critical care medicine to determine whether a patient is legally dead.

HB1129 Physician Assistants & Fluoride - <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0088>

A physician assistant may apply topical fluoride varnish to the teeth of children aged 6 months to 3 years when ordered by a physician or dentist.

HB1249/SB294 Prescription Monitoring Program Required -<http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0093>

All prescribers licensed to treat people must sign up with the Prescription Monitoring Program. If a prescriber anticipates putting a patient on a benzodiazepine or an opiate for 90 days or more, the prescriber must check the Prescription Monitoring Program. Periodic checks thereafter are encouraged.

NEW LAWS THAT WILL BE IN EFFECT JULY 1, 2014 IF SIGNED BY GOVERNOR McAULIFFE

The July Board Briefs will be definitive regarding these bills and several more. Click on the links to see the entire bill.

HB190 Athletic Trainers - <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+HB190ER>

Pursuant to a written or oral order or standing protocol from a prescriber, an athletic trainer may possess and administer oxygen for use in emergency situations.

HB191 Chiropractors & Physician Assistants - <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+HB191ER>

Chiropractors, if qualified, may testify as an expert witness in relation to diagnosis, prognosis, treatment and treatment plan. Physician assistants, if qualified, may testify as expert witnesses within their scope of practice.

HB926 Behavior Analysts & Assistant Behavior Analysts - <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+HB926ER>

This bill creates an Advisory Board on Behavior Analysis and creates a student exemption for behavior analysts in training. It also creates an exemption for unlicensed individuals that are providing behavior analysis in schools when the tasks are performed as part of the regular duties of the position, is not compensated extra for the behavior analysis, and does not hold oneself out as a behavior analyst.

SB185 OT Applicant Practice - <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0252>

This bill revises the Code such that a graduate of an OT program or an OT Assistant program may practice until he/she receives a failing score on the licensing exam, or for 6 months, whichever comes first.

HB478 Emergency Custody - <http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+HB478ER>

This bill extends the time that a person may be held pursuant to an emergency custody order from four hours with a possible two-hour extension to eight hours. The bill also provides that a representative of the law-enforcement agency that takes the person into emergency custody or executes an emergency custody order must notify the local community services board as soon as practicable after the person is taken into custody or the order is executed. The bill also requires that a person who is the subject of an emergency custody order or temporary detention order be given a written summary of the procedures and statutory protections associated with such custody or detention. Finally, the bill directs the Governor's Mental Health Task Force to study issues associated with law enforcement's involvement in the admission process and make recommendations designed to reduce the burden on law-enforcement resources. This bill incorporates [HB 242](#), [HB 294](#), [HB 583](#), and [HB 621](#).

**Virginia Board of Medicine Licenses Issued from January 1, 2013 to December 31, 2013
Current Total Number of Licensees**

Profession	Licenses Issued Jan 1, 2013 to December 31, 2013	Total Licensees in Each Profession, Active and Inactive
Asst Behavior Analysts	36	59
Athletic Trainer	149	1,199
Behavior Analysts	219	383
Chiropractor	86	1,750
Intern & Resident	1,142	3,057
Licensed Acupuncturist	12	455
Ltd. Radiologic Tech	51	668
Medicine & Surgery	2,314	36,304
Occupational Therapist	336	3,492
Occupational Therapist Asst	154	1,136
Osteopathy & Surgery	371	2,563
Physician Asst	348	2,765
Podiatry	22	497
Radiologic Assistant	0	8
Radiologic Tech	435	3,725
Respiratory Care	268	3,760
Restricted Volunteer	12	68
University Ltd	3	19
Volunteer Registration	2	1
TOTAL	5,996	61,982

ONGOING CAPACITY CERTIFICATIONS

Recently a physician licensee asked a question about the requirement for ongoing certification of capacity to make one's own decisions. Please note the law below on capacity, particularly section (B).

§ 54.1-2983.2. Capacity; required determinations.

A. Every adult shall be presumed to be capable of making an informed decision unless he is determined to be incapable of making an informed decision in accordance with this article. A determination that a patient is incapable of making an informed decision may apply to a particular health care decision, to a specified set of health care decisions, or to all health care decisions. No person shall be deemed incapable of making an informed decision based solely on a particular clinical diagnosis.

B. Prior to providing, continuing, withholding, or withdrawing health care pursuant to an authorization that has been obtained or will be sought pursuant to this article and prior to, or as soon as reasonably practicable after initiating health care for which authorization has been obtained or will be sought pursuant to this article, and no less frequently than every 180 days while the need for health care continues, the attending physician shall certify in writing upon personal examination of the patient that the patient is incapable of making an informed decision regarding health care and shall obtain written certification from a capacity reviewer that, based upon a personal examination of the patient, the patient is incapable of making an informed decision. However, certification by a capacity reviewer shall not be required if the patient is unconscious or experiencing a profound impairment of consciousness due to trauma, stroke, or other acute physiological condition. The capacity reviewer providing written certification that a patient is incapable of making an informed decision, if required, shall not be otherwise currently involved in the treatment of the person assessed, unless an independent capacity reviewer is not reasonably available. The cost of the assessment shall be considered for all purposes a cost of the patient's health care.

C. If, at any time, a patient is determined to be incapable of making an informed decision, the patient shall be notified, as soon as practical and to the extent he is capable of receiving such notice, that such determination has been made before providing, continuing, withholding, or withdrawing health care as authorized by this article. Such notice shall also be provided, as soon as practical, to the patient's agent or person authorized by § [54.1-2986](#) to make health care decisions on his behalf.

D. A single physician may, at any time, upon personal evaluation, determine that a patient who has previously been determined to be incapable of making an informed decision is now capable of making an informed decision, provided such determination is set forth in writing.

Virginia Board of Medicine
Board Members 2013-2014

Syed Salman Ali, MD
1st Term Expires June 2016
District: 11 – Vienna

Barbara Allison-Bryan, MD
1st Term Expires June 2016
District: 1 - North

J. Randolph Clements, DPM
1st Term Expires June 2014
Podiatrist - Roanoke

Lori D. Conklin, MD
1st Term Expires June 2017
District: 5 – Charlottesville

Kamlesh Dave, MD
1st Term Expires June 2015
District: 4 - Chester

Siobhan S. Dunnavant, MD
1st Term Expires June 2016
District: 7 – Henrico

Irina Farquhar, Ph.D
1st Term Expires June 2015
Citizen Member - Burke

Deborah DeMoss Fonseca
1st Term Expires June 2017
Citizen Member - Springfield

Fraizer W. Frantz, MD
Unexpired term - Expires June 2015
District: 3 – Norfolk

David C. Giammittorio, MD
1st Term Expires June 2016
District: 8 - Lorton

Robert Hickman, MD
1st Term Expires June 2014
District: 6 - Lynchburg

Lorri J. Kleine, Esq.
1st Term Expires 2015
Citizen Member – Virginia Beach

Stuart F. Mackler, MD, President
2nd Term Expires June 2016
District: 2 - Franktown

Jane Sheffield Maddux
1st Term Expires June 2017
Citizen Member - Charlottesville

Kevin O’Connor, MD
1st Term Expires June 2016
District: 10 – Leesburg

Wayne Reynolds, DO, Vice-President
2nd Term Expires June 2016
Osteopath - Gloucester Point

Nathaniel Ray Tuck, Jr., DC
1st Term Expires June 2017
Chiropractor - Blacksburg

Kenneth J. Walker, MD, Secretary-Treasurer
1st Term Expires June 2016
District 9 - Pearisburg

DRAFT MINUTES OF THE BOARD

DRAFT

Behavior Analysis Work Group

Thursday, December 19, 2013

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Hoch called the meeting to order at 10:14 a.m.

ROLL CALL

MEMBERS PRESENT: Lauren-Lee M. Askew, BCaBA
Christine Evanko
Kristin Helgerson, M.S., BCBA
Theodore A. Hoch, Ed.D., BCBA-D
Eli T. Newcomb, M.Ed., BCBA
Anthony L. Pelonero, M.D., CPE
Virginia Van de Water, Ph.D.

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director, Discipline
Alan Heaberlin, Deputy Executive Director, Licensure
Colanthia Morton Opher, Operations Manager
Elaine Yeatts, DHP Policy Analyst

OTHERS PRESENT: Kat Bennett, M.Ed. BCBA, Continuum Autism Spectrum Alliance
Erin Smydra, VDOE
Megan Sullivan Kirby, BCBA, LBA, Spectrum Transformation Group
Britney Vaccaro, BCaBA, Beyond Behavior Consulting
Dawn Adams, DHP
Melissa Union, Navigation Behavioral Consulting
Amela Dumond, BCBA, Navigation Behavioral Consulting
Jacquelyn Shaw, Peninsula School for Autism, Navigation Behavioral Consulting
Sarah Alford, Navigation Behavioral Consulting
Lisa Bragg, Virginia Autism Project and Children's Brain Health Connection
Michele Kussry, BCBA, LBA, Peninsula School of Autism
Ethan Long, LBA, BCBA-D, Virginia Institute of Autism
Matthew Osborne, BCBA, Virginia Institute of Autism
Marilyn Davis, Navigation Behavioral Consulting
Suzanna Myers, BCaBA - Navigation Behavioral Consulting
Zack Migioia, BCBA, LBA, Meá Alofa Autism Support Center
Bo Keeney, Virginia Academy of Clinical Psychologists
Kristina Turner, MEd., BCBA, LBA, Dominion ABA
Nikki Mayo, BCaBA, LABA, Dominion ABA

Rachel Ernest, BCBA, LBA, Dominion ABA
Elizabeth Nguyen, BCBA, LBA, Achieve Beyond
Laura Stacey McKane, BCBA, LBA, Navigation Behavioral Consulting
Rebecca McGlohn, BCBA, LBA, Autism Consulting and Therapy
Toni Haman, BCBA, LBA, Comprehensive Autism Partnership
Ellen Brosh, BCBA, Alternative Paths Training School
Alicia Faller, BCBA, Spiritos School
Ruth Herron, BCaBA, LABA, Centra Autism-Roanoke
Nicole Shrives, M.S., BCBA, LBA, Navigation Behavioral Consulting
Bethany Marcus, PhD., LCP, LBA, BCBA-D
Emily Callahan, PhD., BCBA-D, LBA, Virginia Institute of Autism
Cresse Morrell, BCBA, LBA, Virginia Institute of Autism
Rorie Hutt, BCBA, LBA, Virginia Institute of Autism
Courtney Keegan, BCBA, LBA, May Institute
Audrey Gibson, BCBA, LBAB, Matthews Center
Becky Bowers-Lanier, Commonwealth Autism
Peggy Halliday, BCBA, LBA, Virginia Institute of Autism
Ashley Mackall, BCBA, LBA, Virginia Institute of Autism
Jennifer Wade, BCBA, LBA, Beyond Behavior Consulting, LLC

EMERGENCY EGRESS INSTRUCTIONS

Dr. Harp welcomed the public and provided the emergency egress instructions.

ROLL CALL

The roll was called and a quorum declared.

SUMMARY OF THE MEEETING:

Dr. Pelonero moved to approve the June 12, 2012 minutes as presented. The motion was seconded and carried unanimously.

Dr. Hoch announced that public comment would not be taken as the comment period closed on December 6th.

Ms. Evanko moved to approve the agenda as presented. The motion was seconded and carried unanimously.

The Work Group then reviewed the updated summary of comments prepared by Ms. Yeatts. She noted that the majority of the comments supported the adoption of the regulations as written and presented for discussion those that suggested any change or amendment.

Comments extracted for discussion:

Association of Professional Behavior Analysts (APBA)

- 1) Require current BACB certification for renewal, reactivation or reinstatement of licensure; regulations will not have to be revised each time the BACB changes its requirements.
- 2) Delete continuing education requirements since maintenance of BACB certification requires CE.

Discussion summary: Certification is not necessarily needed to maintain licensure.

- 3) Add language from the BACB's description of scope of practice.
- 4) Add language to require supervision activities to comply with the BACB *Policy on Supervision....* and other BACB standards, requirements and guidelines pertaining to supervision.
- 5) Consider specifying the number of ABA's that a BA can supervise concurrently.

Discussion summary: The Work Group unanimously agreed that specifying or limiting the number of ABA's that a BA can supervise concurrently was not necessary and to take no further action on this request.

6) Revise supervision of unlicensed personnel to clarify that supervision is required. Strike last sentence to allow licensed BA's and ABA's to delegate ABA assessment and treatment activities to unlicensed personnel. Add that supervision activities must comply with BACB *Guidelines for Responsible Conduct of Behavior Analysts....*

7) Add to the unprofessional conduct section a requirement that licensees must comply with *Guidelines for Responsible Conduct....*

Discussion summary: The Board of Medicine takes the responsibility for determining unprofessional conduct, and it is addressed in the regulations. Dr. Pelonero moved to leave the language as is. The motion was seconded and carried unanimously.

Bethany Marcus, Ph.D.

- 1) Oversight and supervision of licensed assistant behavior analysts. ABA's with limited levels of training and skills have almost independent clinical practice with almost no on-site supervision and no limit to the number of assistants that a licensed BA can supervise. Board should impose a maximum of 5 assistants for supervision by a BA and require at least 2 hours of face-to-face time with each patient. Licensed BA and licensed ABA should be on site or in the office suite when services are provided.

Discussion summary: previously addressed.

- 2) Oversight and supervision of unlicensed assistants implementing ABA. Unlicensed assistants should be provided direct, on-site supervision by the licensed behavior analyst and/or licensed assistant behavior analyst or at minimum be on-site in the office suite or home at the time service is delivered.

Discussion summary: Dr. Pelonero noted that this would eliminate all at-home service and moved not to act on this request. The motion was seconded and carried.

- 3) Supervision, use and billing practices for persons certified or being trained in ABA. The only services that should be billable are those rendered by a licensed professional.

Discussion summary: Billing practices and decisions about third party payment are not under purview of the Board.

- 4) Composition of an advisory panel for behavior analysis should include a licensed clinical psychologist.

Discussion summary: This would require a statutory change.

Michael Chiglinsky, Ph.D.

VACP concurs with comments by Dr. Marcus. Regulations should be amended to:

- 1) Limit the number of assistants that may be supervised by a licensed behavior analyst (BA);

- 2) Require licensed BA's to have at least 2 hours of face-to-face time with each patient;
- 3) Require BA's and assistant behavior analysts (ABA's) to be "on site" or "in the office suite" at the time services are delivered;
- 4) Require only behavior analysis services provided by a licensee to be billable as billing of services by lesser trained individuals may be misleading to the public.
- 5) The Board should seek legislation to form an Advisory Panel with seats for licensed clinical psychologists.

Discussion summary: The Work Group believed it had previously addressed these comments when it discussed Dr. Marcus' suggestions.

James Morris, Ph.D

- 1) The practice of behavior analysis does not appropriately fall under the Board of Medicine and should be regulated by the Department of Education.

Discussion summary: This request would require a statutory change.

- 2) The Behavior Analyst Certification Board (BACB) has no university or professional association affiliations.

Discussion summary: Besides having international academic programs, the BACB is an NCCA accrediting body and recognized to validate the authenticity of an individual for licensure.

- 3) The scope of practice of a profession is typically defined in the Code, not in regulation; the regulation does not have details about actual behaviors or interventions that the individual can perform. There is no definition of the term "environmental modifications" as used in the scope of practice.

Discussion summary: Ms. Evanko moved not to open for discussion since this issue was discussed at length at the June 2012 meeting. The motion was seconded and carried unanimously.

- 4) There is no scope of practice for assistant behavior analysts; the domains of competency are not listed in regulation and there is no requirement for an assistant to demonstrate competencies.

Discussion summary: Dr. Pelonero moved not to open for discussion since this issue was discussed at length at the June 2012 meeting. The motion was seconded and carried unanimously.

- 5) The language on supervision of unlicensed personnel appears to allow the BA to delegate any and all professional activities to unlicensed persons, in opposition to the law.

Discussion summary: The Work Group agreed that no further discussion was needed.

- 6) Proposed regulations are less clearly defined than for other health professions.

Discussion summary: The Work Group saw the regulations as consistent with the statutes.

At the end of the discussion, Ms. Yeatts advised that the emergency regulations will be expiring March 2014, explained the NOIRA process, and noted that using the Work Group's recommendations, she would prepare a summary of responses that will be presented to the Executive Committee on December 27, 2013.

Dr. Pelonero moved to recommended to the Executive Committee the adoption of the proposed regulations governing the practice of Applied Behavior Analysts and Assistant Behavior Analysts as currently written. The motion was seconded and carried unanimously.

With no other business, the meeting adjourned at 10:57 a.m.

Theodore Hoch,
Chair

William L. Harp, M.D.
Executive Director

Colanthia M. Opher
Recording Secretary

DRAFT

VIRGINIA BOARD OF MEDICINE EXECUTIVE COMMITTEE MINUTES

Friday, December 27, 2013 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting convened at 11:10 a.m.

MEMBERS PRESENT: Stuart Mackler, MD, President
Wayne Reynolds, DO, Vice-President
Kenneth Walker, MD, Secretary-Treasurer
Randy Clements, DPM
Stephen Heretick, JD
Robert Hickman, MD

MEMBERS ABSENT: Valerie Hoffman, DC
Jane Maddux

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director for Discipline
Alan Heaberlin, MPA, Deputy Executive Director for Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
Erin Barrett, JD, Assistant Attorney General
Diane Reynolds-Cane, MD, DHP Director
Arne Owens, DHP Chief Deputy Director
Elaine Yeatts, DHP Senior Policy Analyst

OTHERS PRESENT: W. Scott Johnson, JD, HDJN
Michael Jurgensen, MSV
Britney Vaccaro, BCaBA, LABA, Beyond Behavior Consulting, LLC

Call to Order

Dr. Mackler called the meeting to order.

Roll Call

A quorum for conducting business was declared.

Emergency Egress Procedures

Dr. Reynolds provided the emergency egress procedures.

Adoption of Agenda

Dr. Harp requested that electronic verification services be added to Mr. Heaberlin's Licensing report. Dr. Reynolds moved to adopt the agenda as amended. The motion was seconded and carried unanimously.

Public Comment on Agenda Items

Dr. Mackler welcomed the public in attendance and opened the floor for comment.

There was no comment.

Approval of the August 2, 2013 Minutes

Ms. Barrett asked that the second sentence in paragraph two on page 4 of the minutes be stricken, and on page 6, that her title be noted as AAG and not Sr. AAG. Dr. Reynolds moved to approve the minutes as corrected. The motion was seconded and carried unanimously.

DHP Director's Report--Dianne L. Reynolds-Cane, MD

Dr. Reynolds-Cane thanked the Committee members for all their hard work over the past year, and expressed that the Administration was happy with their current standing. Dr. Reynolds-Cane mentioned that in addition to the completion of the Physician Workforce Study by Dr. Carter and the HWDC staff, there were two other major accomplishments this year. She noted Virginia's participation in the National Governors Association Substance Abuse Demand Reduction effort and its Veterans' Licensing project. The latter will run for 16 months with a focus on expediting licensure for LPNs, paramedics, and PA's.

Dr. Mackler noted that all these successes could not have been achieved had it not been for the excellent leadership of Dr. Reynolds-Cane and Mr. Owens.

Dr. Harp also expressed his thanks to the Committee members, Dr. Reynolds-Cane, Mr. Owens, and Board of Medicine staff for their part in these accomplishments.

New Business

Report of the Executive Director – William L. Harp, MD

Revenue and Expenditures Report

Dr. Harp advised that the Board remains in good financial standing with a cash balance of \$6.2 million as of November 30, 2013.

Dr. Harp also reminded the Committee that the 14% one-time reduced renewal fee is currently benefitting the Board's licensees.

Follow-up Letter to Dr. Reynolds-Cane regarding Prescribing CME

Dr. Harp reviewed the information provided to Dr. Reynolds-Cane in regards to mandatory CME for pain management. Dr. Harp reiterated that Dr. Reynolds-Cane and Ralph Orr, through their work with the National Governors Association, had already provided the Executive Branch with their best recommendations to combat substance abuse in the Commonwealth. Legislation aimed towards reducing substance abuse/diversion is a possibility for the 2014 Session of the General Assembly.

Dr. Harp informed the Committee that in a recently published article by America's Trust for Health, Virginia was ranked 48 out of 51 jurisdictions for the rate of overdose related deaths. Only North Dakota, South Dakota and Nebraska were lower. Dr. Harp contributes this to the hard work of all the entities working to reduce abuse and diversion, including US Attorneys, the FBI, the DEA, the Virginia State Police, local law enforcement, the PMP, the Board's robust enforcement, efforts to educate prescribers and the public, and clinicians treating patients with substance use disorders.

FY2014 Enforcement and APD Hours

Dr. Harp reviewed the report and noted that Nursing has more cases to investigate and uses more Enforcement hours. The Board of Medicine continues to utilize more APD hours because of the complexity of its cases.

FSMB Minimum Data Set Pilot Project

Dr. Harp said that he had received responses from 6 of the Committee members indicating support for Virginia serving as one jurisdiction for the FSMB pilot project. Dr. Harp explained that Dr. Elizabeth Carter would be doing the heavy lifting in this matter. Her shepherding of the HWDC has made her a national leader in physician workforce; the collaboration by DHP and FSMB will be a win for both entities.

Dr. Reynolds move to accept the letter included in the packet. The motion was seconded and carried unanimously by the Committee.

Board Briefs #74

Dr. Harp said the notice that the new Board Briefs were on the website had been sent to professionals regulated by the Board, including nurse practitioners. He added that the Board does not have the e-mail addresses of all its licensees.

Dr. Harp mentioned that Scott Johnson, JD will be contributing an article to the next Board Briefs that speaks to the illegality of purchasing drugs from non-FDA approved sources.

Dr. Reynolds and Dr. Walker suggested that the next issue include information on cremation death certificates now required by funeral homes.

Chart of Regulatory Actions

Elaine Yeatts, DHP Senior Policy Analyst, reviewed the Board's pending regulations as of December 18, 2013. This report was for informational purposes only and did not require any action.

Adoption of Final Regulations for Polysomnographic Technologists

Ms. Yeatts noted that the comment period on proposed regulations was from August 26, 2013 to October 25, 2013. A public hearing was held on October 11, 2013 at the meeting of the Advisory Board. There was no public comment.

Dr. Reynolds moved to adopt final regulations as presented in response to the mandate of Chapter 838 of the 2010 General Assembly. The motion was seconded and carried unanimously.

Regulatory Recommendation on Licensure of Behavior Analysts and Assistant Behavior Analysts

Ms. Yeatts noted that the Ad Hoc based in statute to develop regulations convened in September 2013 to develop final regulations. It convened again on December 18, 2013 to review all public comment and discuss any necessary revisions to the proposed regulations. Ms. Yeatts briefly reviewed the Draft Final Regulations, which were identical to the emergency regulations and the summary of comments with draft responses the Board might consider sending to commenters.

Ms. Yeatts advised that the Ad Hoc did not recommend that any changes be made to the emergency regulations, and that the vast majority of comment recommended that the regulations be adopted as written.

After discussion, Dr. Reynolds moved to adopt the Final Regulations for Licensure of Behavior Analysts and Assistant Behavior Analysts. The motion was seconded. The vote was four in favor, one against, and one abstaining.

Licensure Report

Mr. Heaberlin advised that after the one-year grace period for the licensure of behavior analysts and assistant behavior analysts, the Board received a number of applications which seemed to indicate that the applicants had been practicing unlawfully. As a result, staff secured BACB Experience Supervision Forms which helped to clarify applicants' activities. Staff asked that the form and the BACB letter be required as part of the license application package to help facilitate the licensure process.

Dr. Hickman moved that both the form and the BACB letter be required as part of the license application package. The motion was seconded and carried unanimously.

Mr. Heaberlin advised that over the course of the year, the Board received 6,093 verification requests for processing. He noted that the majority (5174 or (83%) was for MD's, DO's and PA's. He noted that many states are moving towards electronic license verification and a number use the service, Veridoc. Veridoc currently supports 71 jurisdictions, and it charges \$10.00 per verification.

Mr. Heaberlin asked the Committee for permission to move forward with obtaining information on the benefits of using Veridoc to provide electronic responses to verification requests.

Dr. Hickman moved that the matter be investigated further with a report at a future meeting. The motion was seconded and carried unanimously.

Discipline Report

Ms. Deschenes announced that the streamlined process of scheduling and notifying members of IFCs has been working well. Ms. Deschenes also provided an update on the caseload and noted that for the first time in memory, the Board has less than 100 pending cases.

Board Counsel Update

Ms. Barrett provided an update on recent developments with the cases of Dr. Vuyyuru and Dr. Petrie.

Announcements

No announcements

Next scheduled meeting: April 4, 2014

Adjournment: With no other business to conduct, the meeting adjourned at 12:10 p.m.

Stuart Mackler, MD, President
President

William L. Harp, M.D.
Executive Director

Colanthia Morton Opher
Operations Manager

DRAFT

VIRGINIA BOARD OF MEDICINE LEGISLATIVE COMMITTEE MINUTES

Friday, January 24, 2014

Department of Health Professions

Richmond, VA

CALL TO ORDER: The meeting convened at 9:49 a.m.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
Deborah DeMoss Fonseca
Randy Clements, DPM
Siobhan Dunnavant, MD

MEMBERS ABSENT: Barbara Allison-Bryan, MD
Jane Maddux
Wayne Reynolds, DO

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
Elaine Yeatts, DHP Senior Policy Analyst

OTHERS PRESENT: Tyler Cox, Medical Society of Virginia
Maria Harris, Virginia Osteopathic Medical Association
Floyd Herdrich, L.Ac, Advisory Board on Acupuncture

ROLL CALL

EMERGENCY EGRESS INSTRUCTIONS

Dr. Walker provided the emergency egress instructions.

APPROVAL OF MINUTES OF JANUARY 20, 2012

Dr. Clements moved to approve the minutes of January 20, 2012. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Dunnavant moved to adopt the agenda as presented. The motion was seconded and carried.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

Status of Regulatory Actions

Ms. Yeatts provided an update on the status of regulatory actions affecting the Board of Medicine.

Ms. Yeatts noted the following:

- Regulations Governing the Practice of Physician Assistants – Qualifications for fluoroscopy - Comment on NOIRA ended January 1, 2014. No comments received. Will be presented for adoption at the Executive Committee meeting April 4, 2014.
- Regulations Governing the Practice of Polysomnographic Technologists – Initial regulations for licensure. Currently in the Secretary's office.
- Regulations Governing the Practice of Behavior Analysis – Initial regulations for licensure – Ms. Yeatts stated that the emergency regulations, with the six-month extension, are due to expire March 20, 2014. If they expire before initial regulations are in place, the Board will not be able to issue licenses and the discipline unit will not be able to enforce the regulations. Ms. Yeatts stated that the Executive Committee met on December 27, 2013 and did everything within their power to expedite the approval of the regulations.

This report was provided for informational purposes only and did not require any action.

Report of the 2014 General Assembly

Ms. Yeatts also provided an updated status report on legislation pending as of January 23, 2014 that has implications for the Board of Medicine.

DHP will be monitoring the following bills:

- **HB 39 – Health care providers; VDH shall certify certain persons, immunity from liability, etc.**
- **HB 53 - Medicine and other healing arts; unprofessional conduct, purchase of prescription drugs.** Ms. Yeatts stated that this has been continued to 2015 in Health, Welfare and Institutions. Also, the next edition of the Board Briefs will include an article addressing the purchase of prescription drugs from an unlicensed wholesale distributor.
- **HB 190 – Athletic trainers; possession and administration of oxygen.**
- **HB 191 – Physician assistant; expert witness testimony.**
- **HB 352 – Epinephrine; possession and administration.** Ms. Yeatts informed the Committee that MSV testified that unless trained individuals are overseeing the use, unexpected consequences may occur.
- **HB 539 – Prescription Monitoring Program; delegation of authority**
- **HB 547 – Ultrasound prior to abortion; physician civil penalty.**
- **HB 565 – Birth control; definition**
- **HB 575 – Perampanel and Lorcaserin; added to Schedules III and IV, respectively.** Ms. Yeatts stated that this regulation would make the Drug Control Act consistent with DEA.
- **HB 580 – Active duty military health care providers; practice at public and private health care facilities.**
- **HB 611 – Health regulatory boards; denial or suspension of a license, certificate or registration; exception.**

- HB 612 – **Genetic counseling; regulation of practice, licensure, advisory board established.** Ms. Yeatts pointed out that this profession is slated to be regulated by the Board of Medicine.
- HB 661 – **Falsifying patient records; limitation of prosecutions.**
- HB 784 – **Virginia Geographic Information Network Advisory Board, etc.; membership and terms.** Ms. Yeatts advised that there was opposition to some of the elements in this bill.
- HB 855 – **Health regulatory boards; reinstatement of licensure.**
- HB 874 – **Drugs; designation and reporting those of concern.**
- HB 891 – **Health regulatory boards; powers and duties, special conference committees**
- HB 893 – **Anatomic pathology services; fees.**
- HB 895 – **Medicine, Board of; changes membership requirements.**
- HB 923 – **Prescription Monitoring Program; disclosure method of information to recipient.**
- HB 926 – **Behavior analysis; licensure.** Ms. Yeatts briefly discussed the two additional exemptions being requested.
- HB 1056 – **Abortion; informed consent.**
- HB 1129 – **Physician assistants; possession and administration of topical fluoride varnish.**
- HB 1134 – **Physician assistants; updates terminology related to practice agreements.**
- HB 1135 – **Sexual orientation; change efforts prohibited.**
- HB 1235 – **Department of Health Professions; use of implantable medical devices distributed by physician.**
- HB 1247 – **Spouses of military service members; reduces application review period for temporary licenses.**
- HB 1249 – **Prescription Monitoring Program; requirements of prescribers.**
- SB 203 – **Occupational therapy; practice as a therapist or therapist assistant applicant.**
- SB 328 – **Surgical technologists and surgical assistants; certification and licensure.**

These items were presented for informational purposes only and did not require any action by the Committee.

ANNOUNCEMENTS

Board staff provided the Committee members with an update of the afternoon hearing schedule.

Next meeting – May 16, 2014

Adjournment - With no other business to conduct, the meeting adjourned at 10:58 a.m.

Kenneth J. Walker, MD
Chair

William L. Harp, M.D.
Executive Director

Colanthia M. Opher
Recording Secretary

DRAFT

VIRGINIA BOARD OF MEDICINE FULL BOARD MINUTES

February 20, 2014

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Mackler called the meeting of the Board to order at 8:42 A.M.

ROLL CALL

MEMBERS PRESENT: Stuart Mackler, MD, President
Wayne Reynolds, DO, Vice-President
Kenneth Walker, MD, Secretary-Treasurer
Randy Clements, DPM
Lori Conklin, MD
Siobhan Dunnavant, MD
Irina Farquhar, PhD
Deborah DeMoss Fonseca
Frazier Frantz, MD
David Giammittorio, MD
Robert Hickman, MD
Lorri Kleine, JD
Kevin O'Connor, MD
Ray Tuck, DC

MEMBERS ABSENT: Syed Ali, MD
Barbara Allison-Bryan, MD
Kamlesh Dave, MD
Jane Maddux

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director, Discipline
Barbara Matusiak, MD, Medical Review Coordinator
Alan Heaberlin, Deputy Executive Director, Licensing
Colanthia Morton Opher, Operations Manager
Denise Mason, Receptionist
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Asst. Attorney General

OTHERS PRESENT: Jerry Canaan, HDJN
Kim Pekin, NOVA Birth Center
Mike Jurgensen, MSV
Marinda Shindler

EMERGENCY EGRESS PROCEDURES

Dr. Reynolds read the emergency egress procedures for Conference Room 2.

APPROVAL OF THE October 24, 2013 MINUTES

Dr. Dunnavant moved to accept the minutes of October 23, 2013. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Dunnavant moved to adopt the agenda as amended by Dr. Harp. The motion was seconded and carried unanimously.

INTRODUCTION OF NEW BOARD MEMBERS

The Board welcomed newly-appointed Board members Frazier Frantz, MD, Ray Tuck, DC and Lorri Kleine, JD. Each gave a brief self-introduction.

PUBLIC COMMENT ON AGENDA ITEMS

Dr. Mackler acknowledged and welcomed the guests that were present.

There was no public comment on the agenda items.

SUMMARY SUSPENSION PROCEEDINGS

Pursuant to Section 54.1-2408.1 of the Code of Virginia, a quorum of the Virginia Board of Medicine met to receive and act upon information indicating that the following practitioners may have violated certain laws and regulations relating to the practice of medicine in the Commonwealth of Virginia. Pursuant to its authority under Section 54.1-2408.1 of the Code, the Board concluded that a substantial danger to the public health or safety warrants suspension of the license to practice medicine and surgery in the Commonwealth of Virginia for the following practitioners:

The case of Edward C. Dillon, MD was presented by Julia Bennett, AAS. Dr. Walker moved to suspend; the motion was seconded by Dr. O'Connor. The vote was unanimous.

The case of Jeffrey P. Ginther, MD was also presented by Julia Bennett, AAS. Dr. O'Connor moved to suspend; the motion was seconded by Dr. Hickman. The vote was unanimous.

The case of Roger Morgan Phillips, MD was presented by Corie Wolf, Assistant Attorney General. Dr. Dunnavant moved to suspend; the motion was seconded by Dr. O'Connor. The vote was unanimous.

NEW BUSINESS

Adoption of Guidance Document 85-10 – High-Risk Pregnancy Disclosure Statements

Ms. Yeatts, DHP Agency Senior Policy Analyst, advised that in 2009 legislation was passed by the General Assembly mandating that the Board of Medicine adopt regulations to require licensed midwives to disclose to their clients options for consultation and referral to a physician and also evidence-based information on health risks associated with the birth of a child outside of a hospital or birthing center, when certain conditions were present.

Ms. Yeatts noted that an Ad Hoc Work Group comprised of 3 members of the Full Board and 3 members of the Advisory Board on Midwifery met to develop evidence-based information that would be provided to women considering a birth at home or in a birthing center.

Dr. Dunnivant, Chair of the Ad Hoc and Ms. Pekin, CPM member of the Advisory Board on Midwifery and of the Ad Hoc Work Group, fielded questions from the Board regarding the compilation of the list of conditions, and the differences between nurse midwives and certified professional midwives. Dr. Dunnivant stated that the work of the Group was a good collaborative effort that was patient-centered and as a result, the disclosure statements are a blend of midwifery and medical literature and practice.

Ms. Pekin was asked to request that the Advisory Board on Midwifery consider the inclusion of Group B Strep as a risk factor.

After a brief discussion, Dr. Reynolds moved to accept Guidance Document 85-10 – High-Risk Pregnancy Disclosure Statement. The motion was seconded and carried unanimously.

DHP DIRECTOR'S REPORT

There was no report.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT'S REPORT

Dr. Mackler had no report.

VICE-PRESIDENT'S REPORT

Dr. Reynolds expressed his gratitude to everyone for their words of encouragement and support shown to him and his family.

SECRETARY-TREASURER'S REPORT

Dr. Walker had no report.

EXECUTIVE DIRECTOR'S REPORT

- Revenue and Expenditures Report

Dr. Harp briefly reviewed the Revenue and Expenditures report. The Board's cash on hand as of December 31, 2013 was \$6.25 million. Dr. Harp highlighted expenditures allocated for Data, Enforcement, Administrative Proceedings and services from the Attorney General.

- FY2014 Second Quarter Key Performance Measures

Dr. Harp said that due to Dr. Matusiak's management and diligence, the Board's clearance rate was 100%. The pending caseload older than 250 business days was at 16%. And the percent closed within 250 business days was 96%. Dr. Harp thanked the Board members for their availability for case review.

This report was for informational purposes only and did not require any action.

- Enforcement and APD Hours

Dr. Harp reviewed the Board's usage of the Administrative Proceedings Division and the Enforcement Division for 2013 and to date in 2014.

This report was for informational purposes only and did not require any action.

- Health Practitioners Monitoring Program Statistics

Dr. Harp noted the total number of Medicine participants in the program to be 109.

This report was for informational purposes only. No action was required.

- FSMB and US Senate Letters

Dr. Harp referred to the letter released by the Federation of State Medical Boards showing the support of Congress for FSMB's "efforts to streamline the licensing process for physicians who wish to practice in multiple states, thus helping facilitate the use of telemedicine and increasing access to care throughout the United States". The Federation's Interstate Compact Taskforce has been evaluating the benefits of compact licensure for telemedicine. A compact approach will require an amendment to the Code of Virginia.

Dr. Harp referred to a statement made by Mr. Heretick captured in the October 24, 2013 minutes:

Mr. Heretick advised that the concept of using an interstate compact is the oldest form of government we have. He said that each state would be allowed to judge for itself whether or not to join with another state; one size does not fit all. He also said that the physician would be subject to disciplinary action by the state in which the patient resides. He further noted that FSMB asked for and got a meeting with Representative Charles Boustany, Chair of the Health Subcommittee of House Ways and Means in the middle of budget negotiations to discuss this model. Mr. Heretick noted that this issue is evolving at a rapid rate.

- FSMB and REMS Training

Dr. Harp said that FSMB is providing great support to the Boards that are dealing with bad prescribing issues, and that Virginia will be receiving funds for a least one live REMS training session. Dr. Harp noted that the Board adopted FSMB's guidance document on the prescribing of opioids at its October 2013 meeting.

Committee and Advisory Board Reports

Dr. Harp reviewed the updated Committee assignments and asked that any questions or concerns be addressed to him or Dr. Mackler.

Dr. Dunnivant moved to accept the committee reports en bloc with the noted amendments. The motion was seconded and carried unanimously.

The chair called for a break and the meeting reconvened at 10:25 a.m.

Other Reports

Assistant Attorney General

For the benefit of the new Board members, Ms. Barrett introduced herself and explained her role at the Board. Ms. Barrett then provided an update on legal matters concerning Dr. Vuyyuru and Dr. Petrie.

No action was required by the Board.

Board of Health Professions

Dr. Farquhar had no report.

Podiatry Report

Dr. Clements had no report.

Chiropractic Report

Dr. Tuck had no report.

Dr. Harp announced that Valerie Hoffman, DC, immediate past Board President and chiropractic member of the Board, is running for a position on the FSMB Board of Directors and will be at the Annual Meeting in April in Denver. Dr. Mackler, Mr. Heaberlin, and Ms. Barrett will be attending and will do what they can to support Dr. Hoffman with her campaign.

Joint Board of Nursing and Medicine

There was no report.

Regulatory and Legislative Issues

- Report from the 2014 General Assembly

Ms. Yeatts presented an updated report on the 2014 Session of the General Assembly highlighting those bills that directly affect the Board of Medicine. Special attention was given to HB891 which gives special conference committees the authority to grant or deny an application for license, certification, or registration.

Ms. Deschenes explained the workings of our current process. Dr. Harp further explained that if passed, this bill will allow the Credentials Committee to make its own decision in a matter. The matter would go to a formal upon appeal by the applicant.

This report was for informational purposes only and did not require any action.

- Chart of Regulatory Actions

Ms. Yeatts provided an update on the status of pending Board of Medicine regulations.

This report was for informational purposes only and did not require any action.

- Replacement of Emergency Regulations for Physician Assistants to Use Fluoroscopy

Ms. Yeatts briefly reviewed the statutory language, emergency regulations and the letters from AAPA and ARRT, both supporting the adoption of the regulations and remarked that the replacement regulations are identical to the emergency regulations currently in effect. Dr. Reynolds moved to adopt the proposed regulations as presented. The motion was seconded and carried unanimously.

- Regulatory Recommendation on Education Programs for Licensed Acupuncturists

Ms. Yeatts referred to the DRAFT fast-track regulations that were recommended by the Advisory Board on Acupuncture at its February 4, 2014 meeting. Ms. Yeatts advised that the proposed change would allow the Board to license graduates of a school in candidacy status for accreditation by ACAOM as long as they meet all other licensing requirements.

It was noted that there are currently three acupuncture schools in candidacy status in Virginia, and if the regulations remain unchanged, those graduates will have to go elsewhere to be licensed. Virginia would lose them as a resource.

After discussion, Dr. Dunnivant moved to adopt the fast-track regulatory action to amend 18VAC85-110-50. The motion was seconded and carried unanimously.

- Telemedicine Guidance Document

Dr. Harp explained that Board staff frequently fields inquiries regarding telemedicine and suggested that an ad hoc committee be established to look at the issue, ascertain whether a guidance document is needed, and if so, develop it.

Dr. Dunnivant, Dr. Conklin, Dr. O'Connor, Ms. DeMoss Fonseca and Ms. Kleine all volunteered to serve on the ad hoc.

Licensing Report

- License Count

Mr. Heaberlin reviewed the licensing count from 2010 to 2013, noting a 16% increase in activity with no increase in licensing staff.

- Report on Electronic Verifications

Mr. Heaberlin stated that license verification has become the bane of existence for the Board. He said that in 2010, staff processed 5,607 verifications and in 2013, 6,630 – a 15% increase in 3 years. After explaining the Board's current verification process, Mr. Heaberlin proposed the use of Veridoc, an online verification system.

Gene Browning, DHP Database Administrator, addressed the Board's concerns about data security relative to the use of the Veridoc system.

Dr. Dunnivant moved that the Board approve a 3-year term with Veridoc, and during that time, determine whether or not it would be beneficial to develop an in-house system. The motion was seconded and carried.

For clarification, Dr. Harp informed the Board that all contracts are executed by the Department of Health Professions.

Discipline Report

Ms. Deschenes announced the changes to the case docket for the day and that a short Board member training session would be held after lunch.

Reminders Page

Travel vouchers for today's meeting should be submitted no later than March 24, 2014.

Selection of Nominating Committee

Dr. Hickman, Dr. O'Connor and Dr. Clements volunteered to serve on the Nominating Committee. The Committee will convene prior to the Board meeting on June 19, 2014 and determine its slate of officers for the Board's consideration.

Announcements

There were no announcements.

Adjournment: With no other business to conduct, the meeting adjourned at 12:06 a.m.

Stuart Mackler, M.D.
President, Chair

William L. Harp, M.D.
Executive Director

Colanthia M. Opher
Recording Secretary

ADVISORY BOARD MEETING MINUTES AND REGULATIONS

Advisory Board on Acupuncture

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\20685\Minutes_DHP_20685_v4.pdf

Regulations: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm#Reg

***** Advisory Board on Athletic Training**

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\19144\Minutes_DHP_19144_v1.pdf

Regulations: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm#Reg

Advisory Board on Midwifery

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\20697\Minutes_DHP_20697_v1.pdf

Regulations: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm#Reg

****** Advisory Board on Occupational Therapy**

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Regulations: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm#Reg

Advisory Board on Physician Assistants

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\20694\Minutes_DHP_20694_v1.pdf

Regulations: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm#Reg

******Advisory Board on Polysomnographic Technology**

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Regulations: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm#Reg

******Advisory Board on Radiological Technology**

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Regulations: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm#Reg

*******Advisory Board on Respiratory Care**

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Regulations: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm#Reg

BOARD DECISIONS

The following list contains decisions from December 2013 thru. 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) 662-7693 to request a copy.

NAME AND LICENSE NO.	DATE OF ACTION	DECEMBER 2013 THRU ACTIONS
Korangy, Amile A., MD 0101-035891 Clarksville, MD	12/16/13	Mandatory suspension based on action taken by the State of Maryland Board of Physicians.
Locklear, Robert W., MD 0101-224450 Greeneville, TN	12/30/13	Mandatory suspension based on action taken by Tennessee Board of Medical Examiners.
Shibley, Eric R., MD 0101-251065 Tulalip, WA	12/19/13	Reprimand based on action taken by the State of Washington Department of Health Medical Quality Assurance Commission.
Hiatt, David E., M.D. 0101-045403 McLean, VA	12/26/13	Reprimand based on one patient case of continuing to prescribe controlled substances to patient when patient permanently relocated to another state and did not have any face to face contact for said period.
Anikwue, Charles C., MD 0101-037694 Charlotte, NC	12/19/13	Prohibited from practicing medicine and surgery in Commonwealth until acceptable verification provided to the Board of successful completion of terms and conditions of North Carolina Board Order and receives written approval from Board to practice based on action taken by the North Carolina Board of Medicine.
Wiles, Veronica L., OT 0119-000763 Mechanicsville, VA	12/13/13	Compliance with the Board's Order entered 11/01/2013; terms and conditions terminated, license reflects full and unrestricted status.
Younas, Rita, RCP 0117-002316 Ashburn, VA	12/05/13	Voluntary surrender for indefinite suspension for a period not less than twelve (12) months from entry of Order based on representing a danger to the health and welfare of patients and demonstrating an egregious pattern of disruptive behavior.
Irwin, Gilbert R., Jr., MD 0101-023931 Manassas, VA	12/30/13	Reprimand, license subject to terms and conditions based on one patient case of failure to obtain treatment records from prior physician before initiating and prescribing medications for back pain at first visit and continued to prescribe medications without office visits and after reviewing Prescription Monitoring Program report that said patient was receiving medications from other providers.
Lester, Randall, MD 0101-057487 Blacksburg, VA	01/08/14	Compliance with the Board's Order entered 12/03/2012; terms and conditions terminated, license reflects full and unrestricted status.
Piland, Jethro H., MD 0101-020641 Mechanicsville, VA	01/07/14	Voluntary permanent surrender based on being unable to practice medicine with reasonable skill and safety due to illness and/or substance abuse.

Sandesara, Chirag M., MD 0101-243405 Manassas, VA	01/08/14	Reprimand based on one patient case involving placement of a pacemaker and failing to properly place and confirm the location with the lead and mistakenly placed lead in wrong ventricle.
Krueger, Lance S., PA 0110-004066 Lincoln, NE	01/07/14	License subject to terms and conditions, prohibited from practicing as a physician assistant until provides verification acceptable to Board of compliance with Nebraska settlement, the Kansas PAMC and enters in HPMP based on action taken by the Department of Health and Human Services Division of Public Health State of Nebraska and being convicted of three separate driving under the influence charges.
Mitchell, Shawn B., PA 0110-002841 Portsmouth, VA	01/07/14 01/27/14	Reprimand, license subject to terms and conditions based on rendering independent health care to an individual, whom neither he nor the practice by which employed had bona fide practitioner- patient relationship and issuing a post dated prescription to said individual. Compliance with the Board's Order entered 01/07/2014; terms and conditions terminated, license reflects full and unrestricted status.
Pathak, Arvind K., MD 0101-037354 Reston, VA	01/10/14	Voluntary permanent surrender based on multiple patient cases of prescribing narcotic pain medications at first office visits without requesting or obtaining any diagnostic studies or tests to warrant such prescriptions, frequently authorized new prescriptions of narcotic pain medications before patients should have run out, continued prescribing medications to patients who exhibited drug seeking behavior, failed to recognize signs of potential illicit drug use in patients, and continued prescribing narcotic pain medications at walk-in clinic despite incidents that occurred that posed danger to him, other practitioners and patients at office location.
Greene, Garland V., MD 0101-047176 Hampton, VA	01/16/14	Compliance with the Board's Order entered 01/19/2012; terms and conditions terminated, license reflects full and unrestricted status.
Weiseman, Jane S., MD 0101-041520 Blacksburg, VA	01/31/14	Compliance with the Board's Order entered 08/26/2013; terms and conditions terminated, license reflects full and unrestricted status.
Holthus, Thomas E., DO 0102-036845 Strasburg, VA	01/15/14	Reprimand and monetary penalty (\$2500.00) based on while serving as a medical director of a university student health clinic from 2007-2011, delegated to an individual who did not hold a license as a healthcare provider, non-discretionary duties that required the exercise of medical judgment.
Muffley, Patrick E., DO 0102-201072 Westerville, OH	01/15/14	Mandatory suspension based on action taken by the State Medical Board of Ohio.

Knight, George F., MD 0101-240913 Eden Prairie, MN	01/31/14	Mandatory suspension based on action taken by the Medical Board of California.
Beck, Kristin, AT 0126-001001 Richmond, VA	01/13/14	Voluntary surrender for suspension for a period of not less than thirty-six (36) months from entry of Order based on having sexual contact with a minor student who attended the high school where licensee was employed.
Garner, Daniel C., MD 0101-053369 Murfreesboro, TN	01/31/14	License reinstated.
Foley, Maura P., MD 0101-053593 Fairfax, VA	01/31/14	License subject to terms and conditions, CME required based on one patient case of failure to further assess patient or consider a diagnosis well within area of expertise.
Luteyn, Joyce, MD 0101-252701 Olympia, WA	12/09/13	Reprimand, license subject to terms and conditions based on one patient case of treating patient at urgent care facility with 4 mg of Dilaudid before considering or first attempting non-narcotic medications, less potent narcotics or much lower dosage; failure to consistently document in multiple patient records the severity of patients' pain and failure to ensure that medical records were complete and accurate.
Germroth, Jerry, MD 0101-034309 Woodstock, VA	12/17/13	Indefinite probation, license subject to terms and conditions, permanently restricted from prescribing, administering, or dispensing Schedule II-III controlled substances based on multiple patient cases of continuing to prescribe narcotics despite patient's significant history of drug seeking behavior and addiction to narcotics, failure to employ adequate pain management tools and safeguards to monitor and ensure patient was complying with medication regimen, regularly provided or authorized renewals and/or refills of narcotics and benzodiazepine prescriptions prior to time that medications should have run out, failure to recognize substance abuse and/or addiction; failure to take any responsive action when patient repeatedly violated terms of pain management contract, and one patient case of prescribing medications (Vicodin) containing acetaminophen over the maximum safe daily recommended dosage.
Pittaluga, Juan M., MD 0101-050179 Berryville, VA	02/06/14	Rescission of stay of suspension, license indefinitely suspended based on violation of Board Order entered 07/19/2013.
Geneva, Edward, F., M.D. 0101-037866 Haymarket, VA	02/03/14	License reinstated on indefinite probation, license subject to terms and conditions.
Phillips, Roger M., M.D. 0101-053117 Carrollton, VA	02/20/14	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

		regulations relating to the practice of medicine and surgery in the Commonwealth.
Dillon, Edward C., MD 0101-048367 Richmond, VA	02/20/14	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 regulations relating to the practice of medicine and surgery in the Commonwealth.
Ginther, Jeffrey P., MD 0101-030833 Bristol, TN	02/20/14	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 regulations relating to the practice of medicine and surgery in the Commonwealth.
Leedy, Leah B., RCP 0117-006739 Appalachia, VA	02/03/14	Indefinitely suspended for a period not less than twenty-four (24) months based on being unable to practice with reasonable skill and safety due to substance abuse.
Winke, Beth M., MD 0101-0534160 Virginia Beach, VA	02/18/14 02/18/14	Mandatory suspension based on action taken by the Iowa Board of Medicine. License reinstated effective 02/18/2014
Prayaga, Rama Sanyasi Rao, MD 0101-053989 Vienna, VA	02/07/14	Reprimand based on action taken by District of Columbia Board of Medicine.
Pendyal, Kausalya, MD 0101-241972 Richmond, VA	02/07/14	Reprimand based on one patient case of failure to properly evaluate and treat patient's diabetes mellitus.
Irwin, Jr., Gilbert R., MD 0101-023931 Manassas, VA	02/25/14	Compliance with Consent Order entered 12/30/2013; terms and conditions terminated, license reflects full and unrestricted status.
Stough, Rick, MD 0101-052985 Harrisonburg, VA	02/25/14	Reprimand; allowed unlicensed staff to take x-rays and administer vaccinations.
Silverman, David L., MD 0101-052812 Westminster, MD	01/24/14	License reinstated subject to terms and conditions.
Sultan, Ajmal A., MD 0101-251282 Kirkwood, MO	01/23/14	License placed on indefinite probation subject to terms and conditions, based on making false statements and misrepresenting facts in licensure applications; prescribed Percocet in the name of a family member for his personal and unauthorized use; action by another jurisdiction; engaged in illegal activity in order to obtain controlled substances for his personal and unauthorized use; history of substance abuse.
Tompkins, Kenneth J., MD 0101-047471 Virginia Beach, VA	01/29/14	Violation of Board Order; dismissed from HPMP for noncompliance related to practicing at multiple locations without approval of HPMP; no sanction.
Kramer, Ralph L., MD 0101-039409 Stuart, VA	02/28/14	Reprimand; license subject to terms and conditions; based on one patient case of failure to properly evaluate and treat a decubitus ulcer on patient's

		heel.
Elsea, Richard W., MD 0101-048631 Churchville, VA	02/03/14	License reinstated on indefinite probation, subject to terms and conditions.
Pijanowski, Jan Anthony, MD 0101-223435 Galax, VA	02/03/14	Reprimand; license subject to terms and conditions based on failure to perform adequate, thorough, and complete exams and assessments of chronic pain patients.
Vincent, Andrew Lloyd, DPM. 0103-300898 Front Royal, VA	02/03/14	Reprimand; license subject to terms and conditions based on his failure to properly manage the care and treatment of one patient.
Baum, Victor C., MD 0101-051903 Charlottesville, VA	03/06/14	Compliance with Consent Order entered 10/08/2013; terms and conditions terminated, license reflects full and unrestricted status.
Germroth, Jerry A., MD 0101-034309 Woodstock, VA	03/14/14	Compliance with Order entered 12/17/2013; terms and conditions terminated. Permanent restriction remains in effect.
McDermott, Wayne MD 0101-037511 Virginia Beach, VA	03/10/14	Reprimand; license subject to terms and conditions; based on failure to maintain inventory, failure to maintain adequate and accurate records, and care and treatment of eight patients.
Harring, James I., MD 0101-053373 Leonardtown, MD	03/13/14	Mandatory suspension based on action taken by Maryland State Board of Physicians.
Ngo, Duc Minh, MD 0101-051129 Fairfax, VA	03/17/14	Terms and conditions based on care and treatment of four patients.
Dillon, Edward C., MD 0101-048367 Richmond, VA	03/17/14	License continued on indefinite suspension until submits evidence of entering into a Recovery Monitoring Contract with HPMP; Upon receipt of such evidence, suspension shall be stayed; shall remain in and comply with HPMP until successful completion of the program; based on being impaired to practice medicine with reasonable skill and safety due to substance abuse/illness.
Long, Maren Ann, MD 0101-231848 Greenville, NC	03/19/14	Mandatory suspension based on action taken by North Carolina Medical Board.
Bae, Seong Gon, MD 0101-252401 Los Angeles, CA	03/20/14	Reprimand based on action taken by the Medical Board of California for failure to disclose required information regarding postgraduate training questions on California license application.
Morgan, David Lee, DO 0102-201292 Pembroke, VA	03/24/14	Reprimand; license placed on terms and conditions; based on his care and treatment of eight patients; failed to monitor and manage patient usage of narcotic and benzodiazepine medications and enforce the provisions of his pain management contracts.
Mosuro, Yusuf A., MD 0101-057716 Houston, TX	03/20/14	License subject to terms and conditions based on action taken by the Texas Medical Board.

The following Radiologic Technologists (“Rad-tech”) or Radiologic Technologists-Limited (“Limited”), Respiratory Care Practitioners, Occupational Therapists or Athletic Trainers were issued a license and a reprimand, or violation with no sanction, based upon practicing without a license for a period of time:

Allen, Ruth Ann, AT 0126-002113	01/07/14
Brown, Julienne, AT 0126-002117	01/27/14
Bowles, Megan, RT 0120-007811	03/07/14
Matheson, Helen, RT 0120-007806	03/07/14
Smith, Patricia, RT 0120-007807	03/07/14
Reid, Kayla, RT 0120-007808	03/07/14
Weatherfod, Heather, RT 0120-007809	03/07/14
Bailey, Trista, RT 0120-007810	03/07/14