



Virginia Department of  
**Health Professions**  
Board of Medicine

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SEPTEMBER 2018

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## BOARD BRIEFS #86

### SEPTEMBER 2018

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## **N**ew Board of Medicine Members

The Board thanks all departing members and welcomes all new members.

### **James Arnold, DPM-Podiatrist, succeeding Randy Clements, DPM**

1st Term Expires June 2022

Podiatrist – Cross Junction

### **Manjit Dhillon, MD-Orthopedist, succeeding David Taminger, MD**

Unexpired Term Expires June 2020

District: 4 – Chester

### **L. Blanton Marchese-Citizen Member, succeeding James Jenkins, Jr., RN**

Unexpired Term Expires 2021

Citizen Member – N. Chesterfield

### **Karen Ransone, MD-Pediatrician, succeeding Barbara Allison-Bryan, MD**

Unexpired Term - Expires June 2020

District 1 – Cobbs Creek

### **Brenda Stokes, MD-Family Medicine, Hospice & Palliative Care, succeeding Maxine Lee, MD**

1st Term Expires June 2022

District: 6 - Lynchburg

## **F**inal Regulations for Opioid and Buprenorphine Prescribing

Promulgation of the Regulations Governing Prescribing of Opioids and Buprenorphine began in January of 2017 as emergency regulations, which were amended 1 time. The initial regulations became final on August 8, 2018 and are accessible at the following link.

[https://www.dhp.virginia.gov/medicine/leg/Medicine\\_Opioid\\_Regs\\_08082018.doc](https://www.dhp.virginia.gov/medicine/leg/Medicine_Opioid_Regs_08082018.doc)

## **F**AQ's on Opioids

The frequently asked questions for opioids and buprenorphine have been updated and are accessible at the following link.

<http://www.dhp.virginia.gov/medicine/docs/FAQPrescribingBuprenorphine.pdf>

## Comments from FDA Commissioner Scott Gottlieb, MD

On balancing access to appropriate treatment for patients with chronic and end-of-life pain with need to take steps to stem misuse and abuse of opioids.

[https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm612779.htm?utm\\_campaign=07092018\\_Statement\\_FDA%20statement%20on%20balancing%20pain%20treatment%20while%20stemming%20opioid%20crisis&utm\\_medium=email&utm\\_source=Eloqua](https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm612779.htm?utm_campaign=07092018_Statement_FDA%20statement%20on%20balancing%20pain%20treatment%20while%20stemming%20opioid%20crisis&utm_medium=email&utm_source=Eloqua)

On new steps to advance the development of evidence-based, indication-specific guidelines to help guide appropriate prescribing of opioid analgesics.

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm617908.htm>

## On Narx Scores from the Prescription Monitoring Program

Narx Scores are a new feature of the PMP reports. To help in their interpretation, here are some tips.

- Narx Scores exist for narcotics, sedatives, and stimulants.
- Narx Scores range from 000-999
- The last digit of a Narx Score equals the number of active prescriptions of that drug type.
- Narx Scores are type-specific use indicators based on the following measurements:
  - Number of Prescribers
  - Number of Pharmacies
  - Milligram equivalents
  - Overlapping prescriptions
- Narx Scores have a time element such that more recent activity is weighted more heavily than distant activity.
- Increasing numbers of providers, pharmacies, milligram equivalencies, and overlapping prescriptions result in higher Narx Scores.
- In a typical state-wide population of patients, the distribution of Narx Scores on any given day is such that:
  - o 75% score less than 200
  - o 5% score above 500
  - o 1% score above

650 Brief Narrative Narx Scores are designed to draw awareness to the presence of significant PMP data. They represent information at a glance and are best used when incorporated into clinical work-flow as an automated result (i.e. the system automatically queries for an updated score as soon as the patient arrives).

**Some important considerations when using Narx Scores:**

1. Narx Scores that raise concern should trigger a discussion, not a decision.
2. Narx Scores are not abuse scores. It is true that at very high scores patients are likely to exhibit some form of misuse in their PMP record, but a score alone cannot be used to determine appropriateness or misuse.
3. The Narcotic and Sedative score overlap in that narcotics contribute to the sedative score and vice versa. As a result, a patient may have a low narcotic score even though they haven't been prescribed a narcotic.
4. Overlapping prescriptions are heavily-weighted in the scoring algorithm. The key requirement is that two different prescribers prescribe the same type of medication for use on the same day.

***Explanation of the Overdose Risk Score***

- The Overdose Risk Score (ORS) is based on an Ohio study evaluating 1,687 unintentional overdose **deaths** from the year 2014 and was developed using modern data science techniques.
- The ORS ranges from 000-999.
- The risk of unintentional overdose death approximately doubles for every 100pt increase in the ORS.
- Using the 000-190 (< 200) scoring group as a referent group results in the following odds ratios:

<b>Overdose Risk Score</b>	<b>Odds Ratio of Unintentional Overdose Death</b>
000-200	1
201-300	10
301-400	12
401-500	25
501-600	44

601-700	85
701-800	141
801-900	194
901-990	329

- More than 70 variables were evaluated in the creation of the ORS. Out of these 70 variables, ten were chosen for the model based on their independent predictive ability.

### Clinical Importance of the Overdose Risk Score

The overdose risk score is a predictive score for unintentional overdose death. It often correlates with the Narx Scores. When differences exist, it is often because of different weighting associated with those elements that contribute to overdose risk. For instance, pharmacy usage is more predictive of overdose death than MED and therefore carries more weight in the ORS as compared with its weight in calculating a Narx Score. Also, certain decreases in use may *increase* risk of death.

### Additional Risk Indicators

- There are currently three PMP-based additional risk indicators (ARIs):
- More than 5 providers in any year (365 days)
- More than 4 pharmacies in any 90 day period
- More than 40 morphine milligram equivalent per day ( 40 MED) average and more than 100 MME total

### Brief Narrative

ARIs within PMP data have been shown to be predictors of adverse outcome, specifically unintentional overdose death. The PDMP-based ARIs used by NarxCare were studied alongside the NarxCare Narcotic score as a predictor of unintentional overdose death and were found to be statistically equivalent OR when all 3 variables are present simultaneously (functionally equivalent to a Narcotic Score of 650).

## Cannabidiol oil and THC-A oil Registration and Certifications

This is a reiteration of the letter that was sent in late July to all physicians. If you plan to certify patients for cannabis-based oils, this letter tells you how to proceed.

Dear Physician:

Here is important information regarding cannabis-based oils in your practice of medicine.

As you may recall, the General Assembly passed law that became effective July 1, 2018 to expand the use of cannabis-based oils. The new law authorizes a physician to “issue a written certification for the use of cannabidiol (CBD) oil or THC-A oil for treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use.”

If you intend to issue a written certification pursuant to §18.2-250.1 of the Code of Virginia to a patient to possess CBD oil or THC-A oil or have issued such certification within the past 12 months, you must register with the Board of Pharmacy. The online application for obtaining registration has now been implemented and is [accessible here](#). Also, please note that the written certification form previously available on the Board of Medicine’s website has been removed. Physicians who are issued registration from the Board of Pharmacy will be provided a link to the written certification form via email. Please allow 7-10 days for the Board of Pharmacy to process the registration form and send you the link to the written certification form.

While CBD oil and THC-A oil as defined in §54.1-3408.3 are not currently available in Virginia, the law provides an affirmative defense for a patient who has been issued a valid written certification from a Board of Pharmacy-registered physician should a patient’s possession of the oils come into question. Now that the registration process has been implemented, issuing a written certification without obtaining Board of Pharmacy registration is a violation of Board of Pharmacy regulation and may also compromise a patient’s affirmative defense to possess CBD oil and THC-A oil. It is anticipated that CBD oil and THC-A oil will be readily available in Virginia in 2019. The Board of Pharmacy is scheduled to tentatively issue conditional approval of up to five pharmaceutical processors later this fall, and the pharmaceutical processors must become operational within one year of being issued conditional approval.

Information regarding the requirement to obtain Board of Pharmacy registration prior to issuing a written certification may be found in emergency regulations 18VAC110-60-30 and 18VAC110-60-40 under “Laws and Regulations” at [www.dhp.virginia.gov/Pharmacy/PharmaceuticalProcessing](http://www.dhp.virginia.gov/Pharmacy/PharmaceuticalProcessing). Questions regarding the registration process or the pharmaceutical processor program may be directed to the Board of Pharmacy at [pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov) or (804) 367-4456. Questions regarding your medical license or the practice of medicine may

be directed to the Board of Medicine at [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov) or (804) 367-4600.

Sincerely,

William L. Harp, MD  
Executive Director, Board of Medicine

Caroline D. Juran, RPh, DPh  
Executive Director, Board of Pharmacy

## Helping Your Patients Understand Costs

Senator Amanda Chase introduced Senate Bill 721 in the 2018 Session of the General Assembly to improve cost transparency for health-care consumers. The bill would have required practitioners licensed by the Board of Medicine to provide patients with an estimate of the amount for which the patient would be responsible at least three days in advance of a procedure, test or service. In lieu of legislation however, Senator Chase is working with stakeholders to encourage practitioners to inform patients of their willingness to provide such estimates. For example, she has suggested signage in waiting rooms to inform patients that the practice will make such estimates available.

Practitioners should be aware that they have protection in the Code of Virginia if they comply with the intent of the Senator's bill and disclose to the patient anticipated costs that would be borne by the patient. Below is the current law that speaks to the issue of communicating with patients about treatment options and costs.

### Code of Virginia Section 54.1-2963.1. Disclosure of medical treatment options.

*Any physician shall have the authority to disclose fully all medical treatment options to patients whether or not such treatment options are (i) experimental or covered services, (ii) services that the health insurer will not authorize, or (iii) the costs of the treatment will be borne by the health insurer or the patient to facilitate an informed decision by the patient, if the physician determines that such an option is in the best interest of the patient. Any physician who discloses information concerning other medical treatment options to a person with whom he has established a physician-patient relationship shall not be liable to any health insurer, in an action instituted solely on behalf of the health insurer, for any civil damages resulting from the disclosure of such information. This section shall not affect any cause of action a patient may have against a physician.*

*For the purposes of this section, "medical treatment options" means any alternative or experimental therapeutic, psychiatric, medical treatment or procedure, health care service, drug, or remedy.*

## Medicaid Expansion will soon be here!

You might wish to post the attached brochure in your office or hand it out to patients that are interested in this opportunity.

[http://www.coverva.org/mat/exp\\_brochure\\_english.pdf](http://www.coverva.org/mat/exp_brochure_english.pdf)

## Mixing, Diluting or Reconstituting Audits

In the near future, you may be contacted by an investigator/inspector from the Department of Health Professions Enforcement Division regarding compliance with the Regulations for Mixing, Diluting or Reconstituting (MDR) Drugs for Administration. As you may recall, MDR occurring in physicians' practices was carved out of compounding under the Board of Pharmacy and placed under the jurisdiction of the Board of Medicine. In the initial 2005 legislation was a mandate to do periodic audits to assess compliance with the regulations. Now is the time for another audit. The Board wanted to make the audit tool available to you in advance of this effort as a reminder of what is required by the regulations.

## MDR Audit Tool



[www.dhp.virginia.gov](http://www.dhp.virginia.gov)

### MIXING, DILUTING OR RECONSTITUTING OR DRUGS OR ADMINISTRATION

Physician's Name:	_____	License Number:	_____
Practice Name:	_____	Phone Number:	_____
Address:	_____	???	_____
Inspection Date:	_____	License Number:	_____

C	NC	NA	REQUIREMENTS FOR IMMEDIATE STERILE MIXING, DILUTING OR RECONSTITUTING 10VAC85-20-400 et. seq.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The mixing, diluting, or reconstituting of sterile manufactured drug products when there is no direct contact contamination and administration begins within 10 hours of the completion time of preparation shall be considered immediate-use. If manufacturers' instructions or any other accepted standard specifies or indicates an appropriate time

			between preparation and administration of less than 10 hours, the mixing, diluting or reconstituting shall be in accordance with the lesser time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No direct contact contamination means that there is no contamination from touch, gloves, bare skin or secretions from the mouth or nose.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency drugs used in the practice or anesthesiology and administration of allergens may exceed 10 hours after completion of the preparation, provided administration does not exceed 10 hours after completion of the preparation, provided administration does not exceed the specified expiration date of a multiple use vial and there is compliance with all other requirements of this section.

C	NC	NA	<b>IMMEDIATE USE MIXING, DILUTING OR RECONSTITUTING</b> <b>Doctors of medicine or osteopathic medicine who engage in immediate-use mixing, diluting or reconstituting shall:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility in immediate-use mixing, diluting or reconstituting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that all personnel under their supervision who are involved in immediate-use mixing, diluting or reconstituting are appropriately and properly trained in and utilize the practices and principles of disinfection techniques, aseptic manipulations and solutions compatibility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish and implement procedures for verification of the accuracy of the product that has mixed, diluted, or reconstituted to include a second check performed by a doctor of medicine or osteopathic medicine or a pharmacist, or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of 18VAC85-20-400 in immediate-use mixing, diluting and reconstituting. NOTE: Mixing, diluting or reconstituting that is performed by a doctor of medicine or osteopathic medicine, a pharmacist, or by a specifically trained physician assistant or registered nurse or mixing, diluting or reconstituting of vaccines does not require a second check.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide a designated, sanitary work space and equipment appropriate for aseptic manipulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document or ensure that personnel under his supervision documents in the patient record or other readily retrievable record that identifies the patient; the name of drugs mixes, diluted or reconstituted; and the date of administration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain written policies and procedures to be followed in mixing, diluting or reconstituting of sterile products and for the training of personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any mixing, diluting or reconstituting of drug products that are hazardous to personnel shall be performed consistent with requirements of all applicable federal and state laws and regulations for safety and air quality, to include but not be limited to those of the Occupational Safety and Health Administration. (OSHA)

C	NC	NA	<b>REQUIREMENTS FOR LOW, MEDIUM OR HIGH-RISK STERILE MIXING, DILUTING OR RECONSTITUTING</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any mixing, diluting or reconstituting of sterile products that does not meet the criteria for immediate-use as set forth in 18VAC-20-400 A shall be defined as low-, medium-, or high-risk compounding under the definitions of Chapter 797 of the U.S. Pharmacopeia (USP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doctors of medicine or osteopathic medicine who engage in low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products shall comply with all applicable requirement of the USP Chapter 797. Subsequent changes to the USP Chapter 797 shall apply within one year of the official announcement by USP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A current copy, in any published format, of USP Chapter 797 shall be maintained at the location where low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products is performed.

C	NC	NA	RESPONSIBILITIES OF DOCTORS WHO MIX, DILUTE OR RECONSTITUTE DRUGS IN THEIR PRACTICES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doctors of medicine or osteopathic medicine who delegate the mixing, diluting or reconstituting of sterile drug products for administration retain responsibility for patient care and shall monitor and document any adverse responses to the drugs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doctors who engage in the mixing, diluting or reconstituting of sterile drug products in their practices shall disclose this information to the board in a manner prescribed by the board and are subject to unannounced inspections by the board or its agents.

Inspector Signature: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_

## Nurse Practitioner Regulations for Autonomous Practice

The 2018 General Assembly passed HB793 which provides a pathway to autonomous practice for nurse practitioners that meet certain qualifications. On May 17, 2018, a Regulatory Advisory Panel (RAP) met to craft regulations for the implementation of HB793. The Panel was comprised of the Committee of the Joint Boards of Nursing and Medicine and its Advisory Committee. The proposed regulations from the RAP were approved by the Board of Nursing, but the Executive Committee of the Board of Medicine did not approve the regulations as presented. The only point of disagreement was the number of hours that represented full-time employment for 5 years. The RAP said 8,000 hours, and the Executive Committee said 9,000. Both boards will be revisiting this issue in order to comply with the requirement that emergency regulations are to be in place by early January.

## Licensure by Endorsement

Here is the text of the Regulations for Licensure by Endorsement anticipated to become effective September 5, 2018. It will take the Board a few weeks to implement the process.

18VAC85-20-141. Licensure by endorsement.

To be licensed by endorsement, an applicant shall:

1. Hold at least one current, unrestricted license in a United States jurisdiction or Canada for the five years immediately preceding application to the board;
2. Have been engaged in active practice, defined as an average of 20 hours per week or 640 hours per year, for five years after postgraduate training and immediately preceding application;
3. Verify that all licenses held in another United States jurisdiction or in Canada are in good standing, defined as [ ~~not currently under investigation and~~ current and unrestricted or, ] if lapsed, eligible for renewal or reinstatement;

4. Hold current certification by one of the following:
  - a. American Board of Medical Specialties;
  - b. Bureau of Osteopathic Specialists;
  - c. American Board of Foot and Ankle Surgery;
  - d. Fellowship of Royal College of Physicians of Canada;
  - e. Fellowship of the Royal College of Surgeons of Canada; or
  - f. College of Family Physicians of Canada;
5. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and
6. Have no grounds for denial based on provisions of § 54.1-2915 of the Code of Virginia or regulations of the board.

## **Survey on Telehealth from Mara Servaites of the Virginia Telehealth Network**

The Virginia General Assembly passed SB 369 authorizing the Center for Telehealth at the University of Virginia (UVA), together with the Virginia Telehealth Network (VTN), the Medical Society of Virginia, and others to establish a telehealth pilot program. One of the goals of the pilot is to improve timely access to care.

We would like to hear from you about your use of telehealth and gather interest around the pilot. This survey (<https://www.surveymonkey.com/r/MSVtelehealth>) should take less than 5 minutes of your time. Your input is invaluable. Unless you provide explicit permission, any personal information that could be used to identify you will be removed before findings are shared with policy makers and the general public. For more information or with questions, contact Mara Servaites with VTN at [admin@ehealthvirginia.org](mailto:admin@ehealthvirginia.org).

## **Message to Midwives from Kim Pekin, LM & Chair of the Advisory Board on Midwifery**

I hope you are doing well. Things are good here! I received an email from Jen Macdonald from DCLS regarding CCHD screening. We have been working with Masimo (pulse oximeter manufacturer) to get pulse oximeters into the hands of all of the licensed midwives in Virginia. Earlier this spring, we were able to distribute about 25 pulse oximeters at no charge. They normally retail for about \$600. Masimo has now offered a steep discount for any Virginia midwives who were not part of the initial distribution. Licensees will be able to get a pulse oximeter for about \$250.

## Electronic Death Registration System (EDRS)

The EDRS has been available for some time now, and for all practitioners that frequently or infrequently fill out death certificates, EDRS makes this serious responsibility and last act of care for your patient more user-friendly. You can sign up for the EDRS at: <http://www.vdh.virginia.gov/vital-records/electronic-death-registration-system/>

Hospice providers should be aware that HB1158 now requires the death certificate to be submitted through the EDRS. Here is the law.

*If the death occurred while under the care of a hospice provider, the medical certification shall be completed by the decedent's health care provider and filed electronically with the State Registrar of Vital Records using the Electronic Death Registration System for completion of the death certificate.*

Here is the link to the tutorial for practitioners who fill out death certificates.

<http://www.vdh.virginia.gov/vital-records/electronic-death-registration-system/training/>

## Physician Burnout Resources

The Federation of State Medical Boards offers a special CME edition of its *Journal of Medical Regulation*. Physicians and others that wish to receive 2 hours of CAT I CME on physician wellness and burnout can do so online at: <http://bit.ly/2n99xGR>

Other resources on this topic are available at:

<http://www.fsmb.org/globalassets/advocacy/policies/policy-on-wellness-and-burnout.pdf>

<https://www.msv.org/connections/foundation/physician-wellness>

<https://nam.edu/initiatives/clinician-resilience-and-well-being/>

## DEA Policy on Mobile Devices for Electronic Prescriptions

### Use of Mobile Devices in the Issuance of EPCS - August 16, 2018

#### Use of Mobile Devices in the Issuance of EPCS



The DEA is issuing the following statement regarding the use of mobile devices for issuing electronic prescriptions for controlled substances (EPCS) due to confusion surrounding this issue.

At this time, the DEA does not preclude the use of a mobile device, for the issuance of an electronic prescription for a controlled substance, **if** the encryption used on the device meets the latest security requirements set out in Federal Information Processing Standards (FIPS 140-2). The DEA will allow the use of a mobile device as a hard token, that is separate from the computer or device running the EPCS application, **if** that device meets FIPS 140-2 Security Level 1 or higher. The device used to create the prescription cannot be the same device that serves as the hard token in the two-factor authentication.

A practitioner who uses a mobile or other electronic device for EPCS, and who does not wish to carry a hard token on a separate device, must use biometrics, and a password or a challenge question. See 21 C.F.R. §§ 1311.115 and 1311.116.

A practitioner may issue an electronic prescription for a Schedule II, III, IV, or V controlled substance when all of the requirements under 21 C.F.R. Part 1311 (Subpart C) are met.

Please note that while this document reflects DEA's interpretation of the relevant provisions of the Controlled Substances Act (CSA) and DEA regulations, to the extent it goes beyond merely reiterating the text of law or regulations, it does not have the force of law and is not legally binding on registrants. Because this document is not a regulation that has the force of law, it may be rescinded or modified at DEA's discretion.

For more information contact DEA Policy & Liaison Section at [ODLP@usdoj.gov](mailto:ODLP@usdoj.gov).

## New Laws

Here is a reiteration of previously mentioned laws from 2018 with some additions. For each there is a brief summary. To read the entire law, click on the link after the summary.

**HB 169 Lyme disease, information disclosure requirement, sunset.**  
**Lyme disease information disclosure requirement; sunset.**

Extends to July 1, 2023, the sunset of the provision requiring disclosure of certain information to a patient when a Lyme disease test is ordered. Under current law, the disclosure requirement will expire on July 1, 2018. **This bill failed. Disclosure no longer required as of 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+HB169>

**HB 226/SB 222 Patients; medically or ethically inappropriate care not required.**

Establishes a process whereby a physician may cease to provide health care that has been determined to be medically or ethically inappropriate for a patient. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+HB226ER>

**HB 313/SB 728 Prescription Monitoring Program; prescriber and dispenser patterns, annual review, report.**

Requires the Director of the Department of Health Professions to annually review controlled substance prescribing and dispensing patterns. The bill requires the Director to conduct such review in consultation with an advisory panel consisting of representatives from the relevant health regulatory boards, the Department of Health, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services. The bill requires the Director to make any necessary changes to the criteria for unusual patterns of prescribing and dispensing and report any findings and recommendations for best practices to the Joint Commission on Health Care by November 1 of each year. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+HB313ER>

**HB 501 Home hospice programs; disposal of drugs.**

Requires every hospice to develop policies and procedures for the disposal of drugs dispensed as part of the hospice plan of care for a patient, which shall include requirements that such disposal be (i) performed in a manner that complies with all state and federal requirements for the safe disposal of drugs by a licensed nurse, physician assistant, or physician who is employed by or has entered into a contract with the hospice program; (ii) witnessed by a member of the patient's family or a second employee of the hospice program who is licensed by a health regulatory board within the Department of Health Professions; and (iii) documented in the patient's medical record. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0095>

**HB 793 Nurse practitioners; practice agreements.**

Eliminates the requirement for a practice agreement with a patient care team physician for a licensed nurse practitioner who has completed the equivalent of at least five years of full-time clinical experience and submitted an attestation from his patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. The bill requires that a nurse practitioner authorized to practice without a practice agreement (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill requires (1) the Boards of Medicine and Nursing to jointly promulgate regulations governing the practice of nurse practitioners without a practice agreement; (2) the Department of Health Professions, by November 1, 2020, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+HB793ER>

**HB 854 Polysomnographic technology; students or trainees, licensure.**

Provides that a student enrolled in an educational program in polysomnographic technology or a person engaged in a traineeship does not require a license to practice polysomnographic technology, provided that such student or trainee is under the direct supervision of a licensed polysomnographic technologist or a licensed doctor of medicine or osteopathic medicine. The bill requires any such student or trainee to be identified to patients as a student or trainee in polysomnographic technology. The bill also provides that any such student or trainee is required to have a license to practice after 18 months from the start of the educational program or traineeship or six months from the conclusion of such program or traineeship, whichever is earlier. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0098>

**HB 886 Mental health treatment; admission regulations, toxicology results.  
Admissions for mental health treatment; toxicology.**

Requires the Board of Health to include in regulations governing hospitals a provision that requires every hospital that provides inpatient psychiatric services to establish a protocol that requires, for every refusal to admit a patient for whom there is a question of medical stability or medical appropriateness for admission due to a situation involving results of a toxicology screening, the on-call physician in the psychiatric unit to which the patient is sought to be transferred to participate in direct verbal communication, either in person or via telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information employed by a poison control center that is accredited by the American Association of Poison Control Centers to review the results of the toxicology screen and determine whether a medical reason for refusing admission to the psychiatric unit related to the results of the toxicology screen exists, if requested to do so by the referring physician. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0791>

**HB 915/SB 829 Military medical personnel program; personnel may practice under supervision of physician, etc.**

Directs the Department of Veterans Services to establish a program in which military medical personnel may practice and perform certain delegated acts that constitute the practice of medicine or nursing under the supervision of a licensed physician or podiatrist or the chief medical officer of an organization participating in such program, or his designee who is licensed by the Board of Medicine and supervising within his scope of practice. The bill allows the chief medical officer of an organization participating in such program to, in consultation with the chief nursing officer of such organization, designate a registered nurse licensed by the Board of Nursing or practicing with a multistate licensure privilege to supervise military personnel participating in such program while engaged in the practice of nursing. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0069>

**HB 1173/SB 632 Controlled substances; limits on prescriptions containing opioids.**

Eliminates the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days. Under current law, a prescriber is not required to request certain information from the PMP for opioid prescriptions of up to 14 days to a

patient as part of treatment for a surgical or invasive procedure. The bill has an expiration date of July 1, 2022. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0102>

#### **HB 1251/SB 726 CBD oil and THC-A oil; certification for use, dispensing.**

Provides that a practitioner may issue a written certification for the use of cannabidiol (CBD) oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. The bill increases the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply. The bill reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-A oil, respectively. As introduced, this bill was a recommendation of the Joint Commission on Health Care. The bill contains an emergency clause. **Effective 3/9/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+HB1251ER>

#### **HB 1378 Surgical assistants; renewal of registration.**

Provides that in cases in which a surgical assistant was initially registered on the basis of a credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, the National Surgical Assistant Association, or the National Commission for the Certification of Surgical Assistants or a successor thereof, the surgical assistant must attest that such credential is still current upon applying for renewal of his registration as a surgical assistant. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=hb1378>

#### **HB 1524 Health record retention; practitioners to maintain records for a minimum of six years.**

Requires health care practitioners licensed by the Board of Medicine to maintain health records for a minimum of six years following the last patient encounter. The bill also provides that practitioners are not required to maintain health records for longer than 12 years from the date of creation except for (i) health records of a minor child, which shall be maintained until the patient reaches the age of 18 or becomes emancipated, with a minimum of six years following the last patient encounter, and (ii) health records that are required by contractual obligation or federal law to be maintained longer. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+HB1524ER>

**HB 1556/SB 832 Prescription Monitoring Program; adds controlled substances included in Schedule V and naloxone.**

Adds controlled substances included in Schedule V for which a prescription is required and naloxone to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program. This bill is identical to SB 832. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+HB1556ER>

**SB 544 Prescription drugs; donation of used medicines.**

Requires that the existing prescription drug donation program regulated by the Board of Pharmacy accept eligible prescription drugs from individuals, including those residing in nursing homes, assisted living facilities, or intermediate care facilities established for individuals with intellectual disability (ICF/IID), licensed hospitals, any facility operated by the Department of Behavioral Health and Developmental Services, from an agent pursuant to a power of attorney, a decedent's personal representative, a legal guardian of an incapacitated person, and a guardian ad litem donated on behalf of the represented individual. The bill also provides liability protection for those who donate, accept, and dispense such unused drugs. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=sb544>

**SB 725 Human trafficking; posting hotline information, civil penalty**

Requires local departments of health, the Department of Transportation, each rest area in the Commonwealth, and certain health care facilities to post notice of the existence of a human trafficking hotline to alert possible witnesses or victims of human trafficking to the availability of a means to report crimes or gain assistance. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0571>

**SB 882 Prescription refill; protocol**

Provides that a prescriber may authorize a registered nurse or licensed practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days, provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug, strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the patient's chart any refills authorized for a specific patient pursuant to the protocol and the additional refills are transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a prescription orally or by facsimile pursuant to current law and regulations of the Board of Pharmacy. **Effective 7/1/18.**

<http://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0380>

# Board of Medicine Regulations Underway

**Board** Board of Medicine

Chapter	Action / Stage Information
Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic [18 VAC 85 - 20]	<p><u>Action:</u> Supervision and direction for laser hair removal</p> <p><u>Stage:</u> Proposed - At Governor's Office</p>
Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic [18 VAC 85 - 20]	<p><u>Action:</u> Licensure by endorsement</p> <p><u>Stage:</u> Final - Register Date: 8/6/18</p>
Regulations Governing Prescribing of Opioids and Buprenorphine [18 VAC 85 - 21]	<p><u>Action:</u> Initial regulations</p> <p><u>Stage:</u> Final - Register Date: 7/9/18</p>
Regulations Governing the Practice of Physician Assistants [18 VAC 85 - 50]	<p><u>Action:</u> Definitions of supervision and weight loss rules</p> <p><u>Stage:</u> Fast-Track - Register Date: 8/6/18</p>
Regulations Governing the Practice of Licensed Midwives [18 VAC 85 - 130]	<p><u>Action:</u> Practical experience under supervision</p> <p><u>Stage:</u> Fast-Track - Register Date: 8/6/18</p>
Regulations Governing the Practice of Genetic Counselors [18 VAC 85 - 170]	<p><u>Action:</u> Temporary licensure</p> <p><u>Stage:</u> Fast-Track - At Secretary's Office</p>

## Recent Meeting Minutes - [\[Table of Contents\]](#)

- [Full Board - Minutes](#)
- [Executive Committee - Minutes 4-13-18](#)
- [Executive Committee Minutes 8-3-18](#)
- [Advisory on Athletic Training – Minutes 6-7-18](#)
- [Advisory on Genetic Counseling Minutes 6-4-18](#)
- [Committee of the Joint Boards of Nursing and Medicine - Minutes](#)

### SEPTEMBER 2018

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### OCTOBER 2018

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### NOVEMBER 2018

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### DECEMBER 2018

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## Upcoming Meetings

- September 7<sup>th</sup> – Legislative Committee
- September 21<sup>st</sup> – Advisory Board Meeting
- October 1<sup>st</sup> – October 5<sup>th</sup> – Advisory Board Meetings
- October 8<sup>th</sup> – Office closed for Columbus Day
- October 18<sup>th</sup> – Full Board
- November 12<sup>th</sup> – Office closed for Veteran’s Day
- November 21<sup>st</sup> – ½ day; 22<sup>nd</sup> & 23<sup>rd</sup> – Office closed for Thanksgiving
- December 7<sup>th</sup> – Executive Committee
- December 24<sup>th</sup> & 25<sup>th</sup> - Office closed for Christmas
- December 31<sup>st</sup> – Office Closed for New Year’s Day

## Board Members 2017-2018

<b>Syed Salman Ali, MD</b> 2nd Term Expires June 2020 District: 11 – Vienna	<b>Jacob W. Miller, DO</b> Unexpired Term – Expires June 2020 Osteopath – Virginia Beach
<b>David Archer, MD</b> 1st Term Expires June 2020 District: 2 - Norfolk	<b>Kevin O'Connor, MD, President</b> 2nd Term Expires June 2020 District: 10 –Paeonian Springs
<b>James Arnold, DPM</b> 1st Term Expires June 2022 Podiatrist – Cross Junction	<b>Karen Ransone, MD</b> Unexpired Term - Expires June 2020 District 1 – Cobbs Creek
<b>Lori D. Conklin, MD, Secretary-Treasurer</b> 2nd Term Expires June 2021 District: 5 – Charlottesville	<b>Brenda Stokes, MD</b> 1st Term Expires June 2022 District: 6 - Lynchburg
<b>Manjit Dhillon, MD</b> Unexpired Term Expires June 2020 District: 4 - Chester	<b>David Taminger, MD</b> 1st Term Expires June 2019 District: 7 - Midlothian
<b>Alvin Edwards, PhD</b> 1st Term Expires June 2019 Citizen Member - Charlottesville	<b>Svinder Toor, MD</b> 1st Term Expires June 2019 District: 3 – Norfolk
<b>David C. Giammittorio, MD</b> 2nd Term Expires June 2020 District: 8 - Lorton	<b>Nathaniel Ray Tuck, Jr., DC, Vice-President</b> 2nd Term Expires June 2021 Chiropractor - Blacksburg
<b>Jane Hickey, JD</b> 1st Term Expires 2019 Citizen Member – Richmond	<b>Kenneth J. Walker, MD</b> 2nd Term Expires June 2020 District 9 - Pearisburg
<b>L. Blanton Marchese</b> Unexpired Term Expires 2021 Citizen Member – N. Chesterfield	<b>Martha S. Wingfield</b> 1st Term Expires June 2021 Citizen Member - Ashland

**Applying for a Position** - *The majority of board/commission seats come due on June 30 each year. While applications are taken year round, we strongly recommend having your application submitted online by March 15 to be fully considered for the upcoming round of appointments.*

<https://commonwealth.virginia.gov/va-government/gubernatorial-appointments>

Advisory Board Members

Acupuncture	Athletic Trainers	Behavior Analysis	Genetic Counseling
Lynn Almloff, L.Ac., Chair	Deborah B. Corbatto, AT, VC	Christina Giuliano, BCBA	Heather A. Creswick, CGC
Janet L. Borges, L.Ac., VC	Michael J. Puglia, AT, Sara L. Whiteside, AT, Chair	Amanda A. Kusterer, ABA	John M. Quillin, PhD, MPH, MS, Chair
Sharon Crowell, L.Ac. Leslie Rubio - Citizen Chheany W. Ung, MD	Jeffrey B. Roberts, MD Trilizsa Trent - Citizen	Kate Lewis, BA, VC Asha Patton Smith, MD Gary M. Fletcher – Citizen	Matthew J. Thomas, ScM, CGC Marilyn Jerome Foust, MD Lori Swain–Citizen, VC
Midwifery	Occupational Therapy	Physician Assistants	Polysomnographic Technology
Maya Gunderson, CPM	Breshae Bedward, OT, VC	Rachel Carlson, PA-C, VC	Debbie Akers, RPSGT, VC
Kim Pekin, CPM, Chair Mayanne Zielinski, CPM, VC Natasha Jones - Citizen Ami Keatts, MD	Kathryn Skibek, OT, Chair Dwayne Pitre, OT Karen Lebo - Citizen Raziuddin Ali, MD	Thomas Parish, PA Portia Tomlinson, PA- C, Chair Frazier Frantz, MD Tracey Dunn -Citizen	Johnathan Clark, RPSGT, Chair Anna Rodriguez, RPSGT <b>VACANT MD SEAT</b> Marie Quinn - Citizen
Radiological Technologist	Respiratory Therapists	Interested in serving on an advisory board?	
Jan Gillespie Clark, RT, Chair Joyce O. Hawkins, RT, VC <b>VACANT RT SEAT</b> Margaret E. Toxopeus, MD <b>VACANT CITIZEN SEAT</b>	Sherry Compton, RRT, Chair Hollie Freeman, PhD- citizen Lois Rowland, RRT, VC Daniel Rowley, RRT, Bruce K. Rubin, MD	<p><b>Applying for a Position</b> - The majority of board/commission seats come due on June 30 each year. While applications are taken year round, we strongly recommend having your application submitted online by March 15 to be fully considered for the upcoming round of appointments.</p> <p><a href="https://commonwealth.virginia.gov/va-government/gubernatorial-appointments">https://commonwealth.virginia.gov/va-government/gubernatorial-appointments</a></p>	

## BOARD DECISIONS

The following list contains decisions from March 2018 to July 2018. You may access these decisions at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) (select "License Lookup") or at [www.vahealthprovider.com](http://www.vahealthprovider.com) for most MDs, DOs and DPMs. You may also contact the Board Office at (804) 367-4505 to request a copy.

NAME AND LICENSE NO.	DATE OF ACTION	March 2018 THRU July 2018
Bivins, Don H., M.D. 0101-029470 Roanoke, VA	3/1/18	Compliance with the Board's Order entered 12/5/16; terms terminated and license restored to full and unrestricted status.
Bodie, Paul G., M.D. Applicant Chesterfield, VA	1/26/18	License denied.
Crouch, James J., M.D. 0101-235303 Virginia Beach, VA	3/15/18	Mandatory suspension based on a felony conviction in the US District Court for the Eastern District of Virginia, to wit: one count of obtaining a controlled substance by fraud.
Delenick, Peter J., M.D. 0101-038823 Arlington, VA	3/2/18	Mandatory suspension based on surrender of license to the Arizona Medical Board, in lieu of disciplinary action.
Fortuna, Timothy J., D.O. 0102-201372 Roanoke, VA	3/5/18 3/14/18	Reprimand; \$2,000 monetary penalty based on allowing a registered nurse to independently assess patients. Compliance with the Board's Order entered 3/5/18; License restored to full and unrestricted status.
Griffin, Kevin P., M.D. 0101-052421 Christiansburg, VA	3/1/18	Reprimand and remain in HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Justice, Angel, D.O. 0102-205188 Richlands, VA	3/1/18	License issued with reprimand based on misrepresentation of facts on license application.
Kornylak, Harold J., D.O. 0102-036958 Virginia Beach, VA	3/1/18	Reprimand and prohibited from prescribing Schedule II or III controlled substances based on multiple patient cases of inappropriate prescribing and failure to maintain adequate, accurate and complete medical records.

Krawcheck, Randall O., D.O. 0102-201567 Fairview, NC	3/14/18	Mandatory suspension based on action by the Ohio State Medical Board.
Murphy-Ryan, Maureen, M.D. 0101-264073 Roanoke, VA	2/21/18	License issued with reprimand and terms and conditions based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Nelson, Paula M., M.D. 0101-254680 Atlanta, GA	3/15/18	Mandatory suspension based on action by the Maryland State Board of Physicians.
Pasley, William H., M.D. 0101-257962 Salem, VA	3/26/18	Reprimand based on one patient case of inappropriate standard of care.
Silver, Susan A., M.D. 0101-057046 Pittsburgh, PA	3/14/18	Mandatory suspension based on action by the Pennsylvania State Board of Medicine.
Stracner, Darcy L., M.D. 0101-241053 Bristol, TN	3/28/18	Voluntary surrender of license based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Zuravleff, Jeffrey J., M.D. 0101-046909 Henrico, VA	3/14/18 3/27/18	Reprimand based on one patient case of inappropriate standard of care. Compliance with the Board's Order entered 3/14/18; license restored to full and unrestricted status.
Coffey, Suzanne A., D.C. 0104-000667 Charlottesville, VA	3/12/18	Reprimand based on failure to provide patient records in a timely manner.
Christopher, Victoria C., Rad. Tech. 0120-000708 Burke, VA	3/9/18	Reprimand based on aiding and abetting the unlicensed practice of radiologic technology.
Olivas, Jennifer E., R.T. 0117-005736 Forest, VA	3/29/18	Stay of suspension rescinded; license indefinitely suspended based on dismissal from Virginia's HPMP.
Bishop, Deann F., L.Ac. 0121-000191 Troutville, VA	3/1/18	Reprimand based on the inappropriate disposal of patient records.
Allen, Cyril A., M.D. 0101-245894 Fort Washington, MD	4/16/18	Reprimand based on action by the DC Board of Medicine and the MD Board of Physicians.
Campbell, Debra L., P.A. 0110-003998 Forest, VA	4/2/18	Compliance with the Board's Order entered 3/29/17; terms terminated and license restored to full and unrestricted status.
Chen, Tao, M.D. 0101-245164 Mobile, AL	4/30/18	Compliance with the Board's Order entered 1/29/18; terms terminated and license restored to full and unrestricted status.

Gaglione, Jim-David, M.D. 0101-048671 Chesapeake, VA	4/19/18	License revoked based on multiple patient cases of inappropriate prescribing and improper medical recordkeeping.
McKay, Kristopher M., M.D. 0101-258278 Birmingham, AL	4/16/18	Mandatory suspension based on action by the Colorado Medical Board.
Mehfoud, George J., M.D. 0101-046156 Richmond, VA	4/9/18	Reprimand based on one patient case of inappropriate standard of care.
Read, Marc E., M.D. 0101-031634 Edinburg, VA	4/30/18	Reprimand based on one patient case of inappropriate standard of care.
Sinclair, Mary B., M.D. 0101-238218 Lexington, VA	4/13/18	Compliance with the Board's Order entered 3/17/17; terms terminated and license restored to full and unrestricted status.
Coffey, Suzanne A., D.C. 0104-000667 Charlottesville, VA	4/16/18	Compliance with the Board's Order entered 3/12/18; License restored to full and unrestricted status.
Farley, Melissa A., Rad. Tech. 0120-002310 Falls Church, VA	4/2/18	Compliance with the Board's Order entered 7/15/13; terms terminated and license restored to full and unrestricted status.
Barte, Ticoni A., D.O. 0102-050121 Herndon, VA	5/10/18	Summary suspension as continued practice may be a substantial danger to the public health and safety.
Smithers, Joel A., D.O. 0102-204264 Greensboro, NC	5/10/18	Summary suspension as continued practice may be a substantial danger to the public health and safety.
Agarwala, Sanjay K., M.D. 0101-263212 Mission, TX	5/9/18	Mandatory suspension based on action by the Illinois Department of Financial and Professional Regulation.
Cook, Lawrence S., D.O. 0102-202900 Roanoke, VA	3/26/18	License subject to terms and conditions due to illness.
Feola, John P., M.D. 0101-050870 Falls Church, VA	5/30/18	Indefinite suspension based on multiple cases of inappropriate prescribing and failure to maintain accurate and complete medical records.
Gore, David L., Jr., M.D. 0101-036761 Newport News, VA	5/10/18	Reprimand based on one patient case of inappropriate standard of care.
Gurralla, Joseph P., M.D. 0101-242248 Ashburn, VA	5/3/18 5/3/18	Mandatory suspension based on action by the Medical Board of California. License reinstated without restriction.

Hall, Sherry L., M.D. 0101-041465 Riegelwood, NC	5/21/18	Indefinitely suspended based on failure to comply with Board Order entered 7/20/16; and failure to provide requested patient records.
Papachristou, Marios D., M.D. 0101-263576 Allison Park, PA	5/15/18	Mandatory suspension based on action by the Pennsylvania State Board of Medicine.
Rodriguez, Vanessa D., M.D. 0101-260235 Norfolk, VA	5/30/18	Reprimand based on action by the Arizona Medical Board.
Smith, Garrett H., M.D. 0101-242036 Southfield, MI	5/10/18	Reprimand based on action by the Michigan Department of Licensing and Regulatory Affairs.
DuPont, Claudine N., D.P.M. 0103-300971 Fredericksburg, VA	5/23/18	Voluntary surrender for indefinite suspension based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.
Lewis, Kimberly I., D.C. 0104-556997 Roanoke, VA	5/3/18	Mandatory suspension based on a conviction of four felony offenses in the US District Court for the Western District of Virginia, to wit: one count of tax evasion and three counts of mail fraud.
McPeak, Esther S., O.T. A. 0131-000168 Camp Creek, WV	5/18/18	Reprimand based on falsifying information regarding patient treatment.
Alexander, Michael A., D.O. 0102-202758 Kilmarnock, VA	4/30/18	Reprimand; \$1,000 monetary penalty based on one patient case of inappropriate standard of care.
Ghafouri, Merdod, D.O. 0102-201022 Manassas, VA	6/22/18	Reprimand; \$5,000 monetary penalty based on failure to cooperate with a Board investigation.
McDonald, Janice A., M.D. 0101-261562 Virginia Beach, VA	4/30/18	Reprimand; license subject to terms and conditions based on failure to timely document patient encounters and/or failed to timely provide documentation of patient encounters to the facilities for continuity of care; improper handling of confidential health information for multiple patients and failure to complete her Practitioner Profile.
Montaldi, Stephen H., D.O. 0102-202814 Boone, NC	6/21/18	Reinstatement denied based on failure to provide satisfactory evidence of ability to

		resume the practice of medicine in a safe & competent manner.
Read, Marc E., M.D. 0101-031634 Edinburg, VA	6/12/18	Compliance with the Board's Order entered 4/30/18; terms terminated and license restored to full and unrestricted status.
Young, Ericka S., D.O. 0102-201811 Chester, VA	6/12/18	Compliance with the Board's Order entered 4/7/17; terms terminated and license restored to full and unrestricted status.
Wynn, Matthew Douglas, L.A.B.A. 0134-000135 Chesterfield, VA	6/20/18	Voluntary indefinite surrender of license based on inability to practice with reasonable skill and safety due to illness.
Fullerton, Carly M., A.T. 0126-001340 Farmville, VA	6/17/18	Reprimand based on inappropriate supervision of unlicensed individual.
Crummett, Pamela S., Lic. Rad. Tech. Max Meadows, VA	7/25/18	Summary suspension as continued practice may be a substantial danger to the public health and safety.
Ghafouri, Merdod, D.O. 0102-201022 Manassas, VA	7/12/18	Compliance with the Board's Order entered 06/22/18; license restored to full and unrestrictive status.
Glover, William L., Jr., M.D. 0101-022555 Fairfax, VA	7/18/18	Reprimand based on one patient case of inappropriate standard of care.
Heritage, Douglas E., M.D. 0101-027756 Manassas, VA	7/2/18	Voluntary Permanent Surrender effective September 30, 2018, based on failure to follow treatment recommendations for continued practice.
Johnson, Charles K., P.A. 0110-840813 Richmond, VA	5/30/18	Reprimand based on failure to maintain accurate and complete patient records; multiple patient cases of inappropriate prescribing and engaging in conduct of a sexual nature that a reasonable patient would consider lewd and offensive.
Morgan, Ezra M., M.D. 0101-237529 Falls Church, VA	7/18/18	Reprimand; \$5,000 monetary penalty based on administering non-FDA approved injections; aiding and abetting unlicensed practice; failure to maintain scheduled drugs in a locked cabinet; and making false, misleading, or deceptive claims in his advertising material.
Nichols-Byll, Stacy A., M.D. 0101-245035	7/25/18	Required to re-enroll with HPMP based on inability to practice with reasonable skill

Geneva, NE		and safety due to illness or substance abuse.
Saiyed, Shama B., M.D. 0101-242372 Glen Allen, VA	5/30/18	License reinstated.
Simmons, Teresa C., OTA 0131-000571 Richlands, VA	7/9/18	Reprimand; required to enter HPMP based on inability to practice with reasonable skill and safety due to illness.

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

Chasen, Karen S., OT 0119-000964	3/7/18
Bentley, Rebecca L., AT 0126-002951	3/16/18
Scott-Clemons, Aarona K., Rad. Tech. 0120-009768	7/30/18

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


Virginia Board of Medicine  
 9960 Mayland Drive, Suite 300  
 Henrico, VA 23233  
 804-367-4600 - main  
 804-527-4426 - fax  
[medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)  
[www.dhp.virginia.gov/medicine](http://www.dhp.virginia.gov/medicine)