



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

BOARD BRIEFS #88

JULY 2019

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## **T**O TAPER, OR NOT TO TAPER?

A number of pain management patients have contacted the Board of Medicine to ask what can be done about their practitioner reducing their dose of opioid analgesic. Usually the story is that the patient has been on a stable dose for months or years, experienced adequate pain control, was able to function, and demonstrated no signs of abuse. The practitioner tells the patient that the dose must be decreased to meet certain guidelines from regulatory agencies. The patient has little choice but to accept the reduction. Invariably, a rapid reduction leads to a significant increase in pain. Despite appeals to the practitioner, the opioids stay at the reduced level and may be further reduced. Patients sometimes believe the Board of Medicine has established draconian regulations for pain management that are hurting patients in Virginia. If they are not familiar with the Board's regulations, they contact the Board.

Board staff's first response to such inquiries from patients is to let them know that the regulations are reasonable and provide practitioners great latitude in treatment. The regulations do not have ceiling doses for opioids and do not require reductions to levels that are ineffective for the patient's pain. The second response is to encourage the patient to have an informed discussion with the practitioner. Board staff has been at medical meetings where a significant percentage of practitioners indicate they have not read the opioid regulations, despite them having appeared in the Board Briefs five times since March of 2017. To aid the discussion with the practitioner, Board staff will send the regulations to the patient. Then they are able to carry the regulations to the next visit and discuss their treatment plan with the practitioner. This may be well-received by the practitioner, or it may not.

If not, the decision, by the patient or mutually, may be that a new practitioner is needed. The Board's response to questions about finding follow-up practitioners is to teach patients how to use the Advanced Search option on the Doctors' Profile System to search for pain management practitioners in their area.

### **BOTTOM LINE**

If the clinical decision is to reduce the amount of opioid, the tapering should be done safely and competently. The Board recommends the Stanford Course on tapering by Anna Lembke, MD; it is an excellent guideline for tapering opioids safely with as little discomfort and risk to the patient as possible.

## BOARD OF MEDICINE REGULATIONS ON OPIOIDS

It goes without saying that the Board wants all patients in Virginia to get competent and safe care for their medical conditions. The opioid regulations were promulgated for that reason, to provide guidelines for practitioners that would have them be more thoughtful and cautious in their prescribing. The Board first developed regulations for pain management in 2007, but it was not until the Commissioner of Health declared a public health emergency in November 2016, and legislation was proposed in the 2017 Session of the General Assembly, that regulations came to fruition.

If you have read the regulations, you are aware that they: 1) do not have a ceiling dose or MME/day limit; 2) do not require a reduction of opioid analgesic other than to ensure that a patient is prescribed the lowest, effective dose; and 3) do require that the rationale for continuing treatment and the dose written be clearly documented in the patient's medical record. In essence, the prescriber has great latitude in prescribing for any patient; it just has to be done competently, safely, and be well-documented.

In March of 2016, the CDC published its Guideline on Prescribing Opioids for Chronic Pain. The principles of the guideline were sent to prescribers in Virginia by the Secretary of Health and Human Resources in May of 2016. The Board believes that some prescribers may have seized upon the mention of 50 MME/day and 90 MME/day as "upper limits" on opioid prescribing. Further, some prescribers may have thought that the guideline was enforceable federal law, and it is not. The Board of Medicine sent a follow-up letter in early August of 2016 to clarify the Board's expectations of Virginia practitioners.

The Board of Medicine believes that there are ongoing misconceptions about the Board's opioid regulations. The Board has been encouraging prescribers to read the regulations to dispel any myths that may have developed from word-of-mouth information. Not understanding the regulations can be a disincentive to prescribe for chronic pain or to maintain the treatment of patients in one's practice that have been stable, functional, and without signs of abuse for years. Practitioners likely pay attention to articles in newspapers, over the airwaves, and on the Internet about pain management practices being raided by law enforcement, and practitioners being criminally charged. These factors, and probably others, can impact practitioners' willingness to engage in pain management.

This year the Board has undertaken an effort to ensure that all the Board's licensees read the regulations and learn how to appropriately taper a patient's dose of opioids. The Board is endorsing the Stanford University continuing education course on tapering that emphasizes mutual decision-making by the patient and the practitioner in the tapering process. If you encountered a problem with the course being unavailable in late June, Stanford CME was switching to a new server. The course became available on the new

server July 1<sup>st</sup>. Licensees can satisfy the 2-hour opioid continuing education requirement for 2019-2020 by reading the opioid regulations and taking the Stanford course.

<https://stanford.cloud-cme.com/default.aspx?P=0&EID=20909>

## RECENT CDC PRESS RELEASE

CDC Advises Against Misapplication of the Guideline for Prescribing Opioids for Chronic Pain

*Some policies, practices attributed to the Guideline are inconsistent with its recommendations*

In a new commentary in the *New England Journal of Medicine (NEJM)*, authors of the 2016 [CDC Guideline for Prescribing Opioids for Chronic Pain](#) (Guideline) advise against misapplication of the Guideline that can risk patient health and safety.

CDC commends efforts by healthcare providers and systems, quality improvement organizations, payers, and states to improve opioid prescribing and reduce opioid misuse and overdose. However, some policies and practices that cite the Guideline are inconsistent with, and go beyond, its recommendations. In the NEJM commentary, the authors outline examples of misapplication of the Guideline, and highlight advice from the Guideline that is sometimes overlooked but is critical for safe and effective implementation of the recommendations.

CDC is raising awareness about the following issues that could put patients at risk:

- **Misapplication of recommendations to populations outside of the Guideline's scope.** The Guideline is intended for primary care clinicians treating chronic pain for patients 18 and older. Examples of misapplication include applying the Guideline to patients in active cancer treatment, patients experiencing acute sickle cell crises, or patients experiencing post-surgical pain.
- **Misapplication of the Guideline's dosage recommendation that results in hard limits or "cutting off" opioids.** The Guideline states, "*When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should... avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day.*" The recommendation statement does not suggest discontinuation of opioids already prescribed at higher dosages.
- **The Guideline does not support abrupt tapering or sudden discontinuation of opioids.** These practices can result in severe opioid withdrawal symptoms including pain and psychological distress, and some patients might seek other sources of opioids. In addition, policies that mandate hard limits conflict with the Guideline's emphasis on

individualized assessment of the benefits and risks of opioids given the specific circumstances and unique needs of each patient.

- **Misapplication of the Guideline's dosage recommendation to patients receiving or starting medication-assisted treatment for opioid use disorder.** The Guideline's recommendation about dosage applies to use of opioids in the management of chronic pain, not to the use of medication-assisted treatment for opioid use disorder. The Guideline strongly recommends offering medication-assisted treatment for patients with opioid use disorder.

The Guideline was developed to ensure that primary care clinicians work with their patients to consider all safe and effective treatment options for pain management. CDC encourages clinicians to continue to use their clinical judgment, base treatment on what they know about their patients, maximize use of safe and effective non-opioid treatments, and consider the use of opioids only if their benefits are likely to outweigh their risks.

The Guideline includes guidance on management of opioids in patients already receiving them long-term at high dosages, including advice to providers to:

- maximize non-opioid treatment
- empathetically review risks associated with continuing high-dose opioids
- collaborate with patients who agree to taper their dose
- if tapering, taper slowly enough to minimize withdrawal symptoms
- individualize the pace of tapering
- closely monitor and mitigate overdose risk for patients who continue to take high-dose opioids

Patients may encounter challenges with availability and reimbursement for non-opioid treatments, including nonpharmacologic therapies (e.g., physical therapy). Efforts to improve use of opioids will be more effective and successful over time as effective non-opioid treatments are more widely used and supported by payers.

CDC developed the Guideline to be practical and created clinical tools to help primary care providers help patients manage pain more effectively and safely, while mitigating the potential risks of prescription opioids when needed. CDC has also created specific resources on tapering, dosage, and appropriate application of the Guideline such as:

- [Pocket Guide: Tapering Opioids for Chronic Painpdf icon](#) is a quick-reference tool for when and how to taper and important considerations for safe and effective care.
- [CDC Opioid Prescribing Guideline Mobile App](#) is designed to help providers apply the recommendations of the Guideline in clinical practice. It features a morphine milligram equivalent (MME) calculator, summaries of key recommendations, motivational interviewing techniques, resources, and a glossary.

- [Applying CDC's Guideline for Prescribing Opioids Series](#) is an interactive, web-based training featuring 11 self-paced learning modules with case-based content, knowledge checks, and integrated resources to help providers gain a deeper understanding of the Guideline.

CDC continues to help inform and improve clinicians' ability to offer safer, more effective care based on the best available science. As part of that process, CDC is evaluating the adoption, use, and public health impact of the Guideline and its related resources.

## FREE OPIOID CONTINUING EDUCATION OPPORTUNITIES WITH EAST TENNESSEE STATE UNIVERSITY

[https://www.etsu.edu/com/cme/pdaf\\_2019.php](https://www.etsu.edu/com/cme/pdaf_2019.php)

## RESOURCES FROM THE OPIOID ANALGESIC RISK EVALUATION AND MITIGATION STRATEGY (REMS) PROGRAM COMPANIES

The pharmaceutical companies that manufacture opioid analgesic drugs used in the outpatient setting offer 2 resources for prescribers. The first is a patient counseling guide to help your patients understand what they need to know about opioid pain medicines. It is available for printing at <https://opioidanalgesicrems.com/RpcUI/patientCounselingGuide.u>

The second is **free continuing education** on pain management, patient assessment, non-opioid approaches, safe initiation, titration, discontinuation, counseling, referral, abuse and addiction. The link to the free CE is [www.opioidanalgesicrems.com](http://www.opioidanalgesicrems.com)

## UPDATE ON CANNABIS-BASED OILS

In December 2018, the Board of Pharmacy issued conditional approval to five pharmaceutical processor applicants: Pharmacann; Dalitso; Green Leaf; Columbia Care; and, Dharma. The Board Orders require them to become operational by December 2019. Once operational, the plants must be cultivated, oils extracted, and the products produced and tested by an independent laboratory. Therefore, it is anticipated that the pharmaceutical processors may have CBD and THC-A oil available by mid-2020.

## NEW LAWS

Here are laws from the General Assembly that may affect the practice of your profession. There are introductory comments, the summary of the bill, and the link to the FULL TEXT.

### ■ Gabapentin Now A Schedule V Drug

Gabapentin has been a “drug of concern” for several years. Now that it is a Schedule V, your prescription is only good for 6 months. Below is the summary of the bill and the link to the FULL TEXT.

■ **HB 2557 Drug Control Act**; classifies gabapentin as a Schedule V controlled substance.

**Drug Control Act; Schedule V; gabapentin.** Classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern. The bill also removes the list of drugs of concern from the Code of Virginia and provides that any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within six months of final approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with storage requirements for Schedule V controlled substances containing gabapentin.

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0214>

### ■ Coming Next July - Electronic Prescriptions For Opioids

Beginning July 1, 2020, any prescription you issue for an opioid-containing medication must be transmitted to the pharmacy electronically. There are a number of exceptions to this law which are listed below. You are encouraged to review the FULL TEXT of the bill to understand its impact.

B. Any prescription for a controlled substance that contains an ~~opiate~~ opioid shall be issued as an electronic prescription.

C. The requirements of subsection B shall not apply if:

1. The prescriber dispenses the controlled substance that contains an opioid directly to the patient or the patient’s agent;
2. The prescription is for an individual who is residing in a hospital, assisted living facility, nursing home, or residential health care facility or is receiving services from a hospice provider or outpatient dialysis facility;

3. The prescriber experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided that the prescriber documents the reason for this exception in the patient's medical record;
  4. The prescriber issues a prescription to be dispensed by a pharmacy located on federal property, provided that the prescriber documents the reason for this exception in the patient's medical record;
  5. The prescription is issued by a licensed veterinarian for the treatment of an animal;
  6. The FDA requires the prescription to contain elements that are not able to be included in an electronic prescription;
  7. The prescription is for an opioid under a research protocol;
  8. The prescription is issued in accordance with an executive order of the Governor of a declared emergency;
  9. The prescription cannot be issued electronically in a timely manner and the patient's condition is at risk, provided that the prescriber documents the reason for this exception in the patient's medical record; or
  10. The prescriber has been issued a waiver pursuant to subsection D.
- D. The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with regulations adopted by such board, a waiver of the requirements of subsection B, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

#### ■ **HB 2559 Electronic transmission of certain prescriptions; exceptions.**

**Electronic transmission of certain prescriptions; exceptions.** Provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. The bill requires the licensing health regulatory board of a prescriber to grant such prescriber a waiver of the electronic prescription requirement for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber. The bill provides that a dispenser is not required to verify whether one of the exceptions applies when he receives a non-electronic prescription for a controlled substance containing an opioid. The bill requires the Boards of Medicine, Nursing, Dentistry, and Optometry to promulgate regulations to implement the prescriber waivers. Finally, the bill requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.



FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0664>

### ■ **New Medicaid Law About Medication-Assisted Treatment For Pain Management And Opioid Addiction**

Law now prohibits licensees of the Board of Medicine from requesting or requiring a Medicaid patient to pay out-of-pocket costs for pain management involving opioids and treatment with buprenorphine, methadone or other opioid replacements approved for opioid addiction. The law also requires practitioners that do not participate in Medicaid to provide written notice to Medicaid patients that the Department of Medical Assistance Services (DMAS) will cover pain management and addiction services if they meet DMAS medical necessity.

■ **SB 1167 Medicaid recipients;** treatment involving opioids or opioid replacements, payment.

**Medicaid recipients; treatment involving opioids or opioid replacements; payment.** Prohibits health care providers licensed by the Board of Medicine from requesting or requiring a patient who is a recipient of medical assistance services pursuant to the state plan for medical assistance to pay out-of-pocket costs associated with the provision of service involving (i) the prescription of an opioid for the management of pain or (ii) the prescription of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction. The bill requires providers who do not accept payment from the Department of Medical Assistance Services (DMAS) who provide such services to patients participating in the Commonwealth's program of medical assistance services to provide written notice to such patient that (a) the Commonwealth's program of medical assistance services covers such health care services and DMAS will pay for such health care services if such health care services meet DMAS's medical necessity criteria and (b) the provider does not participate in the Commonwealth's program of medical assistance and will not accept payment from DMAS for such health care services. Such notice and the patient's acknowledgement of such notice shall be documented in the patient's medical record. This bill is identical to [HB 2558](#).

FULL TEXT [03/18/19 Governor: Acts of Assembly Chapter text \(CHAP0444\) pdf](#)

### ■ **NEW REQUIREMENT FOR PRACTITIONERS THAT SIGN DEATH CERTIFICATES**

All MD's, DO's, PA's and NP's that practice as a hospitalist or practice emergency medicine in a hospital or serve as a medical director of a nursing home must register with the Virginia Department of Health Electronic Death Registration System and file death certificates through the System. This became effective July 1, 2019. Family medicine and

internal medicine practitioners must register and begin using the System October 1, 2019. Oncologists and general surgeons must register and begin using the System November 1, 2019. Any other specialty that completes death certificates must register and begin using the System by December 1, 2019.

**Note that the following item was added to the Board of Medicine's section on unprofessional conduct:**

23. Failing or refusing to complete and file electronically using the Electronic Death Registration System any medical certification in accordance with the requirements of subsection C of § 32.1-263. However, failure to complete and file a medical certification electronically using the Electronic Death Registration System in accordance with the requirements of subsection C of § 32.1-263 shall not constitute unprofessional conduct if

such failure was the result of a temporary technological or electrical failure or other temporary extenuating circumstance that prevented the electronic completion and filing of the medical certification using the Electronic Death Registration System.

**■ SB 1439 Death certificate; medical certification, electronic filing w/State Registrar of Vital Records, etc.**

**Death certificates; medical certification; electronic filing.** Requires the completed medical certification portion of a death certificate to be filed electronically with the State Registrar of Vital Records through the Electronic Death Registration System and provides that, except for under certain circumstances, failure to file a medical certification of death electronically through the Electronic Death Registration System shall constitute grounds for disciplinary action by the Board of Medicine. The bill includes a delayed effective date of January 1, 2020, and a phased-in requirement for registration with the Electronic Death Registration System and electronic filing of medical certifications of death for various categories of health care providers. The bill directs the Department of Health to work with stakeholders to educate and encourage physicians, physician assistants, and nurse practitioners to timely register with and utilize the Electronic Death Registration System.

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0224>

**■ Physician Assistants & Nurse Practitioners To Issue Certificates For Cannabis-Based Oils**

**SB 1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol oil, regulation of pharmaceutical.**

**Board of Pharmacy; cannabidiol oil and tetrahydrocannabinol oil; regulation of pharmaceutical processors.** Authorizes licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations, which shall

require that each dispensed dose of cannabidiol oil or THC-A oil not exceed 10 milligrams of tetrahydrocannabinol. The bill requires the Secretary of Health and Human Resources and the Secretary of Agriculture and Forestry to convene a work group to review and recommend an appropriate structure for an oversight organization in Virginia and report its findings and recommendations to the Chairmen of the Senate Committees on Agriculture, Conservation and Natural Resources and Education and Health and the House Committees on Agriculture, Chesapeake and Natural Resources and Health, Welfare and Institutions by November 1, 2019.

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0681>

## MORE NEW LAWS

### ■ HB 1952 & SB 1209 Patient Care Teams; Podiatrists And Physician Assistants.

**Patient care team podiatrist definition; physician assistant supervision requirements.** Establishes the role of "patient care team podiatrist" as a provider of management and leadership to physician assistants in the care of patients as part of a patient care team. The bill modifies the supervision requirements for physician assistants by establishing a patient care team model. The bill directs the Board of Medicine to adopt emergency regulations to implement the provisions of the bill and is identical to [SB 1209](#).

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0137>

### ■ HB 1970 & SB 1221 Telemedicine Services; Payment And Coverage Of Services.

**Telemedicine services; coverage.** Requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. The bill defines remote patient monitoring services as the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload. The bill requires the Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for medically necessary health care services provided through telemedicine services. This bill is identical to [SB 1221](#).

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP021>

**■ HB 2169 Physician Assistants; Licensure By Endorsement.**

**Physician assistants; licensure by endorsement.** Authorizes the Board of Medicine to issue a license by endorsement to an applicant for licensure as a physician assistant who (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0338>

**■ HB 2457 Medicine, Osteopathy, Podiatry, Or Chiropractic, Practitioners Of; Inactive License, Charity Care.**

**Practitioners of medicine, osteopathy, podiatry, or chiropractic; retiree license.** Provides that the Board of Medicine may issue a retiree license to any doctor of medicine, osteopathy, podiatry, or chiropractic who holds an active, unrestricted license to practice in the Commonwealth upon receipt of a request and submission of the required fee. The bill provides that a person to whom a retiree license has been issued shall not be required to meet continuing competency requirements for the first biennial renewal of such license. The bill also provides that a person to whom a retiree license has been issued shall only engage in the practice of medicine, osteopathy, podiatry, or chiropractic for the purpose of providing charity care or health care services to patients in their residence for whom travel is a barrier to receiving health care.

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0379>

**■ HB 2731 Lyme Disease; Disclosure Of Information To Patients.**

**Lyme disease; disclosure of information to patients.** Requires every laboratory reporting the results of a test for Lyme disease ordered by a health care provider in an office-based setting to include, together with the results of such test provided to the health care provider, a notice stating that the results of Lyme disease tests may vary and may produce results that are inaccurate and that a patient may not be able to rely on a positive or negative result from such test. Such notice shall also include a statement that health care providers are encouraged to discuss Lyme disease test results with the patient for whom the test was ordered. The bill also provides that a laboratory that complies with the provisions of the bill shall be immune from civil liability absent gross negligence or willful misconduct.

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0435>

## ■ SB 1004 Elective Procedure, Test, Or Service; Estimate Of Payment Amount.

**Advance estimate of patient payment amount for elective medical procedure, test, or service; notice of right to request.** Provides that every hospital currently required to provide an estimate of the payment amount for an elective procedure, test, or service for which a patient may be responsible shall also be required to provide each patient with written information regarding his right to request such estimate, to post written information regarding a patient's right to request such estimate conspicuously in public areas of the hospital, and to make such information available on the hospital's website.

FULL TEXT <http://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0671>

## Licensure by Endorsement

The Board implemented a pathway for licensure by endorsement in December 2018 to expedite the issuance of licenses to qualified doctors. In addition to decreasing licensing times, endorsement will allow international medical graduates who took their residency training overseas to be licensed in Virginia if they hold Board Certification in their specialty. Here are the requirements for licensure by endorsement.

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 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

## REGULATIONS FOR THE SUPERVISION AND DIRECTION FOR LASER HAIR REMOVAL

Here is the text of the regulations that will remain open for public comment until August 7, 2019. If no adverse comment is received, the regulations will become final on August 7, 2019.

### 18VAC85-20-91. Practice and supervision of laser hair removal.

A. A doctor of medicine or osteopathic medicine may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;
2. Skin type and appropriate patient selection;
3. Laser safety;
4. Operation of laser device to be used;
5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and
6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Doctors of medicine or osteopathic medicine who have been performing laser hair removal prior to [ ~~(the effective date of this regulation)~~ August 7, 2019, ] are not required to complete training specified in subsection A of this section.

C. A doctor who delegates the practice of laser hair removal and provides supervision to a person other than a licensed physician assistant or licensed nurse practitioner shall ensure that such person has completed the training required in subsection A of this section.

D. A doctor who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques and laser devices. The doctor shall ensure that persons the doctor supervises also receive ongoing training to maintain competency.

E. A doctor may delegate laser hair removal to a properly trained person under the doctor's direction and supervision. Direction and supervision shall mean that the doctor is

readily available at the time laser hair removal is being performed. The supervising doctor is not required to be physically present but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

18VAC85-50-191. Practice and supervision of laser hair removal.

A. A physician assistant, as authorized pursuant to § 54.1-2952 of the Code of Virginia, may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;

2. Skin type and appropriate patient selection;

3. Laser safety;

4. Operation of laser device to be used;

5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and

6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Physician assistants who have been performing laser hair removal prior to [ ~~(the effective date of this regulation)~~ August 7, 2019, ] are not required to complete training specified in subsection A of this section.

C. A physician assistant who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A of this section.

D. A physician assistant who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques and laser devices. The physician assistant shall ensure that persons the physician assistant supervises also receive ongoing training to maintain competency.

E. A physician assistant may delegate laser hair removal to a properly trained person under the physician assistant's direction and supervision. Direction and supervision shall mean that the physician assistant is readily available at the time laser hair removal is being performed. The supervising physician assistant is not required to be physically present but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

## GRACE PERIOD FOR NUCLEAR MEDICINE TECHNOLOGISTS AND RADIATION THERAPISTS

At its February 14, 2019 meeting, the Board of Medicine voted to grant a year's grace period for nuclear medicine technologists and radiation therapists who are required to hold a license to practice radiologic technology. This has been the case since 2015, when HB1818 changed the wording of the definition of the practice of radiologic technology from "x-rays" to ionizing radiation. All who employ or are looking to employ nuclear medicine technologists or radiation therapists should make sure they are licensed prior to beginning their practice with you.

## NURSE PRACTITIONER AUTONOMOUS PRACTICE

Nurse practitioners with the equivalent of 5 years of full-time clinical experience may apply for full practice authority. Here is the link at the Board of Nursing to learn what you must do to apply.

<https://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/ApplyforLicense/NursePractitioner/>

## FROM THE DEPARTMENT OF HEALTH AND THE JOINT COMMISSION

Legal disclaimer: This material is meant as an information piece only; it is not a standard or a *Sentinel Event Alert*. The intent of *Quick Safety* is to raise awareness and to be helpful to Joint Commission-accredited organizations. The information in this publication is derived from actual events that occur in health care. ©2019 The Joint Commission, Division of Healthcare Improvement

## QUICK SAFETY

Issue 49 | May 2019

Disinfection of tonometers and other ophthalmology devices

Editorial Note: Please direct this Quick Safety to your organization's infection control and ophthalmology leadership.

### Issue:

Health care organizations and providers that use tonometers and other devices that touch eyes need to be aware of an infection risk to patients. The American Academy of



Ophthalmology has reported that transmission of adenovirus and herpes simplex virus HIV, hepatitis C virus (HCV), enterovirus 70, *Pseudomonas aeruginosa*, methicillin-resistant *Staphylococcus aureus*, *Acanthamoeba*, and prions (transmissible spongiform encephalopathies, such as Creutzfeldt-Jakob disease) could occur from failure to adequately disinfect ophthalmology devices, such as tonometers.<sup>1</sup>

Despite this information, a review of Joint Commission survey data identified either a lack of awareness of the requirements or misinterpretation of manufacturer's instructions — combined with lack of staff training and leadership oversight — related to the disinfection of ophthalmology devices. This has resulted in multiple declarations of an immediate threat to health and safety of patients.

Lack of compliance with reprocessing has been observed with the following items:

- Tonometers
- YAG laser lens
- Eye specula

Tonometer tips are particularly problematic because disinfectants can dissolve the glue that holds the hollow tip together, causing the tip to swell and crack. It's important to note that tonometer tips have been identified as sources of ophthalmic nosocomial outbreaks commonly linked to adenovirus types 8 and 19. Desiccated virus remains viable and can be recovered after 49 days on dried plastic or metal surfaces.<sup>1</sup>

Areas where these items are used include:

- Emergency departments
- Urgent care centers
- Ophthalmology clinics, optometrist offices, and procedure rooms
- Neonatal intensive care units (NICUs)

Items that touch mucous membranes — such as the eye — must be, at minimum, high-level disinfected. Items that contact or enter sterile tissues — such as instruments that are used for surgical procedures — or touch an ulcerated cornea must be sterilized.

### **Safety actions to consider:**

Health care organizations can use the following safety actions to protect patients from the risk of infection associated with tonometers and other ophthalmology devices:

- Review cleaning and disinfection instructions for use of eye instruments to ensure that they are being reprocessed appropriately. Items that touch intact surfaces of the eye must be high-level disinfected. Those that touch non-intact surfaces of the eye or are used for eye surgery must be sterilized.

- Ensure that disinfectants listed as compatible, other than bleach, are U.S. Food and Drug Administration (FDA)-approved high-level disinfectants. Manufacturers often list products as compatible that may be used for pre-cleaning. Some of these products may be commonly available surface disinfectants but are not effective as high-level disinfectants.
- Have available and follow manufacturer instructions for use for both the devices used for ophthalmology examinations and procedures, as well as cleaning and disinfection products.
- Have an individual who is knowledgeable about the different types of disinfectants review the product label and instructions for use. If instructions are unclear, technical services for the manufacturer of the item and any products used in conjunction with reprocessing should be contacted.

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Legal disclaimer: This material is meant as an information piece only; it is not a standard or a *Sentinel Event Alert*. The intent of *Quick Safety* is to raise awareness and to be helpful to Joint Commission-accredited organizations. The information in this publication is derived from actual events that occur in health care. ©2019 The Joint Commission, Division of Healthcare Improvement

**Resources:**

1. Disinfection of Tonometers: A Report by the American Academy of Ophthalmology. *Ophthalmology*. 2017 Dec;124(12):1867-1875. doi: 10.1016/j.ophtha.2017.05.033. Epub 2017 Jul 11

*Note: This is not an all-inclusive list.*

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

- Full Board – Minutes 2-14-19
- Legislative Committee – Minutes 5-17-19
- Advisory on Behavior Analysis – Minutes 5-20-19
- Advisory on Genetic Counseling – Minutes 5-20-19
- Advisory on Occupational Therapy – Minutes 5-21-19
- Advisory on Acupuncture – Minutes 5-21-19
- Advisory on Radiologic Technology – Minutes 5-22-19
- Advisory on Athletic Training – Minutes 5-23-19
- Advisory on Physician Assistants – Minutes 5-23-19
- Advisory on Midwifery – Minutes 5-24-19
- Advisory on Polysomnography – 5-24-19
- Credentials Committee – Minutes 5-29-19
- Nominating Committee – Minutes 6-13-19
- Full Board – Minutes – 6-13-19

## Upcoming Meetings

- **August 2<sup>nd</sup> – Executive Committee**
- August 21<sup>st</sup> – Credentials Committee
- **September 2 – Office Closed for Labor Day**
- **September 6<sup>th</sup> – Legislative Committee**
- September 25<sup>th</sup> – Credentials Committee
- September 30<sup>th</sup> – October 4<sup>th</sup> – Advisory Board Meeting
- **October 14<sup>th</sup> – Office Closed for Columbus Day and Yorktown Victory Day**
- October 17<sup>th</sup> – 19<sup>th</sup> – Full Board
- October 23<sup>rd</sup> – Credentials Committee

| JULY 2019 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | T  | F  | S  |
|           | 1  | 2  | 3  | 4  | 5  | 6  |
| 7         | 8  | 9  | 10 | 11 | 12 | 13 |
| 14        | 15 | 16 | 17 | 18 | 19 | 20 |
| 21        | 22 | 23 | 24 | 25 | 26 | 27 |
| 28        | 29 | 30 | 31 |    |    |    |

| AUGUST 2019 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| S           | M  | T  | W  | T  | F  | S  |
|             |    |    |    | 1  | 2  | 3  |
| 4           | 5  | 6  | 7  | 8  | 9  | 10 |
| 11          | 12 | 13 | 14 | 15 | 16 | 17 |
| 18          | 19 | 20 | 21 | 22 | 23 | 24 |
| 25          | 26 | 27 | 28 | 29 | 30 | 31 |

| SEPTEMBER 2019 |    |    |    |    |    |    |
|----------------|----|----|----|----|----|----|
| S              | M  | T  | W  | T  | F  | S  |
| 1              | 2  | 3  | 4  | 5  | 6  | 7  |
| 8              | 9  | 10 | 11 | 12 | 13 | 14 |
| 15             | 16 | 17 | 18 | 19 | 20 | 21 |
| 22             | 23 | 24 | 25 | 26 | 27 | 28 |
| 29             | 30 |    |    |    |    |    |

| OCTOBER 2019 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | T  | F  | S  |
|              |    | 1  | 2  | 3  | 4  | 5  |
| 6            | 7  | 8  | 9  | 10 | 11 | 12 |
| 13           | 14 | 15 | 16 | 17 | 18 | 19 |
| 20           | 21 | 22 | 23 | 24 | 25 | 26 |
| 27           | 28 | 29 | 30 | 31 |    |    |

## Board Members 2019-2020

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

Advisory Board Members

| Acupuncture            | Athletic Trainers        | Behavior Analysis        | Genetic Counseling    |
|------------------------|--------------------------|--------------------------|-----------------------|
| Keith Bell, L.Ac.      | Deborah Corbatto, AT     | Gary Fletcher – Citizen  | Heather Creswick, CGC |
| Janet Borges, L.Ac.    | Michael Puglia, AT       | Christina Giuliano, BCBA | Marilyn Foust, MD     |
| Sharon Crowell, L.Ac.  | Jeffrey Roberts, MD      | Amanda Kusterer, ABA     | John Quillin, CGC     |
| Beth Rodgers - Citizen | Trilizsa Trent - Citizen | Kate Lewis, BA           | Lori Swain – Citizen  |
| Chheany Ung, MD        | Sara Whiteside, AT       | Asha Patton Smith, MD    | Matthew Thomas, CGC   |

| Midwifery               | Occupational Therapy | Physician Assistants     | Polysomnographic Technology |
|-------------------------|----------------------|--------------------------|-----------------------------|
| Maya Gunderson, CPM     | Raziuddin Ali, MD    | Kathleen Scarbalis, PA-C | Debbie Akers, RPSGT         |
| Natasha Jones - Citizen | Breshae Bedward, OT  | James Carr, PA           | Abdul Amir, MD              |
| Ami Keatts, MD          | Karen Lebo - Citizen | Portia Tomlinson, PA-C   | Johnathan Clark, RPSGT      |
| Kim Pekin, CPM          | Dwayne Pitre, OT     | Frazier Frantz, MD       | Raid Mohaidat - Citizen     |
| Mayanne Zielinski, CPM  | Kathryn Skibek, OT   | Tracey Dunn -Citizen     | Anna Rodriguez, RPSGT       |

| Radiological Technologist | Respiratory Therapists   | Interested in serving on an advisory board?  |
|---------------------------|--------------------------|--|
| Rebecca Keith, RT         | Santiera Brown, RRT      | <p><b>Applying for a Position</b> - <i>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.</i></p> <p><a href="https://www.commonwealth.virginia.gov/va-government/boards-and-commissions/">https://www.commonwealth.virginia.gov/va-government/boards-and-commissions/</a></p> |
| Joyce Hawkins, RT         | Denver Supinger, Citizen |  |
| David Roberts, RT         | Daniel Gochenour, RRT    |  |
| Uma Prasad, MD            | Shari Toomey, RRT        |  |
| William Quarles - Citizen | Bruce Rubin, MD          |  |

## BOARD DECISIONS

The following list contains decisions from January 2019 to June 2019. 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 | January 2019 THRU June 2019 ACTIONS   |
|--|----------------|---|
| Archibald, Jennifer, P.A. 0110-004222<br>Havre, MT           | 1/23/19        | Compliance with the Board's Order entered 6/9/14; license restored to full and unrestricted status.   |
| Hengy, Matthew J., D.O. 0102-200840<br>Fredericksburg, VA    | 12/18/18       | Reprimand; terms and conditions; and prohibited from prescribing Schedule II-IV controlled substances based on multiple patient cases of inappropriate prescribing and failure to monitor patients with chronic pain.     |
| Park, Young J., M.D. 0101-036298<br>Fairfax, VA              | 1/2/19         | Voluntary surrender of the privilege to renew license based on revocation of clinical privileges.   |
| Powers, Pius James Aeneas, M.D. 0101-053742<br>Kingsport, TN | 1/31/19        | Compliance with the Board's Order entered 4/24/17; license restored to full and unrestricted status.  |
| Reed, Jeremy T., M.D. 0101-241523<br>Harker Heights, TX      | 1/8/19         | Mandatory suspension based on action by the Pennsylvania State Board of Medicine.   |
| Sirois, Cindy N., M.D. 0101-240576<br>Sea Ranch Lakes, FL    | 1/2/19         | Reprimand based on one patient case of inappropriate standard of care and action by multiple state medical boards.  |
| Yousefi, Jamal, M.D. 0101-055390<br>Vienna, VA               | 1/10/19        | Reprimand based on failure to properly document receipt of and safeguard a controlled substance.  |
| Pleskonko, Terry M., D.C. 0104-000537<br>Staunton, VA        | 1/30/19        | Suspension of license with terms and conditions based on one patient case of sexual contact concurrent with the practitioner/patient relationship and failure to maintain accurate, legible and complete patient records. |
| Rhodes, Joshua, D.C. 0104-557037<br>Roanoke, VA              | 1/17/19        | Rescission of Stay of Suspension, Indefinitely suspended.   |
| Choos, Jason N., D.P.M. 0103-000889<br>Virginia Beach, VA    | 1/31/19        | Compliance with the Board's Order entered 12/21/2016; license reflects current active status, shall continue to comply with HPMP contract.  |

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| Richard, Marie L., RT 0117-006282<br>Chesapeake, VA            | 1/2/19<br><br>1/16/19                     | Ordered HPMP entry based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.<br>Compliance with the Board's Order entered 1/2/19; license reflects current active status, shall continue to comply with HPMP contract.   |
| Bankole, Adegbeniga A., M.D. 0101-245177<br>Roanoke, VA        | 2/27/19                                   | Reprimand based on one patient case of failure to maintain professional boundaries.   |
| Delenick, Peter J., M.D. 0101-038823<br>Arlington, VA          | 2/19/19                                   | Compliance with Board Order entered 10/24/18; terms terminated and license restored to full and unrestricted status.  |
| Emiliani, Nicolas A., M.D. 0101-028833<br>Colonial Heights, VA | Entered<br>2/27/19<br>Effective<br>3/8/19 | Voluntary permanent surrender of license based on inability to practice with reasonable skill and safety due to illness   |
| Farid, Touraj, M.D. 0101-238763<br>Beckley, WV                 | 2/22/19                                   | Reprimand based on one patient case of inappropriate standard of care.  |
| Greene, Richard A., M.D. 0101-246196<br>Temple Hills, MD       | 2/22/19                                   | Denial of reinstatement based on incompetence to practice medicine.   |
| Guerrero, Armando J.J., P.A. 0110-004886<br>Damascus, VA       | 2/19/19                                   | Ordered to remain in HPMP based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.  |
| Lu, Kang, M.D. 0101-251362<br>Crestview, FL                    | 2/28/19                                   | Mandatory suspension based on action by the Massachusetts Board of Registration in Medicine.  |
| Mohan, Chandler V., M.D. 0101-243179<br>Lake City, FL          | 2/19/19                                   | Terms and conditions; comply with Florida Board of Medicine Order.  |
| Nicholas, Amy L., M.D. 0101-253214<br>Manassas, VA             | 2/19/19                                   | License reinstated.   |
| Palmer, Mary E., M.D. 0101-057631<br>Alexandria, VA            | 2/28/19                                   | Mandatory suspension order entered 9/20/18 vacated by order dated 2/28/19; license reflects full and unrestricted status.   |
| Purpera, Frank Craig, Jr., M.D. 0101-253088<br>Blacksburg, VA  | 2/27/19                                   | Mandatory suspension based on 68 felony offenses in the US District Court for the Western District of VA, to wit: 66 counts of obtaining controlled substance by fraud, 1 count of omitting material information required to be kept, and 1 count of false statement. |
| Stern, Bernard H., M.D. 0101-242476<br>Hollywood, FL           | 2/19/19                                   | Mandatory suspension based on action by the Florida Board of Medicine.  |
| Thompson, Donovan A., M.D. 0101-249907<br>Denver, NC           | 2/21/19                                   | License reinstated.   |
| Vanderhoof, Ross A., M.D. 0101-259038<br>Vacaville, CA         | 2/25/19                                   | License reinstated with a reprimand.  |

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| Sisk, Mathieu Wilson, D.C. 0104-555820<br>Heathsville, VA     | 2/11/19                                  | Mandatory suspension based on two felony convictions in the Circuit Court of Richmond County, VA, to wit: unlawful wounding and strangle another cause injury.   |
| Lanning, Heather M., Rad. Tech.<br>0120-007887<br>Hampton, VA | 2/8/19                                   | Voluntary surrender of license based on fraudulently obtaining prescriptions for personal use and inability to practice with reasonable skill and safety due to illness and/or substance abuse.                          |
| Roberts, Erin C., Rad. Tech. 0120-004675<br>Chesapeake, VA    | 2/27/19                                  | Reinstatement denied.  |
| Ahmad, Ishtiaq, M.D. 0101-230245<br>Herndon, VA               | 3/4/19                                   | Mandatory Suspension based on a felony conviction in the Circuit Court of Prince William County, VA, to wit: One Count of Medicaid Fraud.  |
| Bankole, Adegbeniga A., M.D. 0101-245177<br>Roanoke, VA       | 3/4/19                                   | Compliance with Board Order entered 2/27/19; license restored to full and unrestricted status.   |
| Bulette, John L., M.D. 0101-051010<br>Nassawadox, VA          | 2/8/19                                   | Reprimand and indefinite probation; license subject to terms and conditions based on multiple patient cases of inappropriate prescribing and inadequate patient records.   |
| Graham, Leroy, Jr., M.D. 0101-229881<br>Newport News, VA      | 2/1/19                                   | Reprimand; \$15,000 monetary penalty based on aiding and abetting the unlicensed practice of medicine, and allowing individuals to perform activities or functions that required the exercise of professional judgement. |
| Griffin, Kevin P., M.D. 0101-052421<br>San Antonio, TX        | 3/1/19                                   | Voluntary surrender of license based on inability to practice safely due to illness or substance abuse.  |
| Hengy, Matthew J., D.O. 0102-200840<br>Fredericksburg, VA     | 3/8/19                                   | Compliance with Board Order entered 12/18/18; license restored to full and unrestricted status.  |
| Hill, Augustus H., M.D. 0101-052319<br>Greenbelt, MD          | 3/18/19                                  | Indefinitely suspended based on performing unnecessary medical procedures and failure to cooperate with DHP investigators.   |
| Hyatt, Frank F., III, M.D. 0101-048836<br>Cheraw, SC          | Entered<br>3/4/19<br>Effective<br>4/1/19 | Voluntary permanent surrender of license based on inappropriate prescribing.   |
| Kornylak, Harold J., D.O. 0102-036958<br>Virginia Beach, VA   | 3/8/19<br><br>3/8/19                     | Mandatory suspension based on action by the Osteopathic Medical Board of California. License reinstated with same restrictions of Board Order entered 3/1/18.  |



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| Marengo, Christopher S., M.D. 0101-245636<br>Bristol, VA  | 3/25/19                                   | Reprimand based on engaging in behavior that may reasonably be interpreted as romantic involvement with a patient.  |
| Mohan, Chandler V., M.D. 0101-243179<br>Lake City, FL     | 3/4/19                                    | Compliance with Board Order entered 2/19/19; Terms terminated and license restored to full and unrestricted status.   |
| Moustafa, Khaled A., M.D. 0101-243031<br>Richmond, VA     | 3/15/19                                   | License revoked based on aiding and abetting the unlicensed practice of medicine; engaging in ongoing, fraudulent billing practices; falsifying patient records; and refusing to cooperate with DHP investigator. |
| Nicholas, Amy L., M.D. 0101-253214<br>Manassas, VA        | 3/27/19                                   | Mandatory suspension order entered 12/28/18 vacated; consent order entered 2/19/19 vacated; license reflects full and unrestricted status.  |
| Smith, Kathleen J., M.D. 0101-054307<br>Atlanta, GA       | 3/14/19                                   | Mandatory suspension based on a felony conviction in the Court of General sessions of Charleston County, SC, to wit: breach of trust with fraudulent intent over \$10,000.  |
| Thompson,, Donovan A., M.D. 0101-249907<br>Lincolnton, NC | 3/11/19                                   | Mandatory suspension order entered 12/28/18 vacated; consent order entered 2/21/19 vacated; license reflects full and unrestricted status.  |
| Bajwa, Gurpreet S., M.D. 0101-231157<br>Fairfax, VA       | 4/5/19                                    | Summary suspension as continued practice may be a substantial danger to the public health and safety.   |
| Gergen, John A., M.D. 0101-237304<br>Charlottesville, VA  | 4/5/19                                    | Summary suspension as continued practice may be a substantial danger to the public health and safety.   |
| Ambati, Balamurali K., M.D. 0101-261002<br>Eugene, OR     | 4/1/19                                    | Reprimand based on actions by the Idaho State Board of Medicine, the North Carolina Medical Board and the Texas Medical Board.  |
| Crawford, David A., M.D. 0101-244124<br>Clarksville, TN   | 4/12/19                                   | Mandatory suspension based on action by the State Medical Board of Ohio.  |
| Garellick, Robin B., M.D. 0101-056812<br>Hampton, VA      | 4/5/19                                    | Reprimand based on one patient case of inappropriate standard of care.  |
| Garrett, Herman A., M.D. 0101-045559<br>Midlothian, VA    | 4/1/19<br><i>Nunc Pro Tunc</i><br>3/20/19 | License reinstatement granted with terms and conditions.  |
| Gergen, John A., M.D. 0101-237304<br>Charlottesville, VA  | 4/16/19                                   | Voluntary permanent surrender of license based on inappropriate prescribing.  |
| Jones, Vincent K., M.D. 0101-231063<br>Martinsville, VA   | 3/20/19                                   | Indefinite probation with terms and conditions based on based on multiple patient cases of inappropriate prescribing.   |

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| Kotsko, Jude, M.D. 0101-247695<br>Virginia Beach, VA        | 4/8/19  | Reprimand based on one patient case of inappropriate standard of care.   |
| Lalwani, Reshma, P.A. 0110-003817<br>Wailuku, HI            | 4/3/19  | Mandatory suspension order entered 09/05/18 vacated.   |
| Morse, Jeffrey H., M.D. 0101-035684<br>Virginia Beach, VA   | 4/1/19  | Reprimand based on one patient case of inappropriate prescribing.  |
| Nicolau, Dan A., M.D. 0101-252617<br>Fall Branch, TN        | 4/12/19 | Reprimand; HPMP entry ordered based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.   |
| Padilla, Nyree, M.D. 0101-262741<br>Metuchen, NJ            | 4/8/19  | Reprimand based on actions by the AK, IL, AL, MO, NM, CA and WA Boards and for a false answer on her Virginia application for licensure.                                       |
| Rhodes, Jeffrey L., P.A. 0110-001632<br>Chesapeake, VA      | 4/3/19  | Reprimand based on one patient case of inappropriate standard of care.   |
| Stein, Robyn M., M.D. 0101-048468<br>Vienna, VA             | 3/14/19 | Reprimand with terms and conditions based on prescribing controlled substances for two individuals outside a bona fide practitioner/patient relationship.                      |
| Reynolds, Meghan O., O.T. 0119-006565<br>Richmond, VA       | 3/18/19 | Reprimand; ordered HPMP entry based on falsification of patient records and impairment.  |
| Williams, Kathryn D., O.T. 0119-005561<br>Union Hall, VA    | 4/29/19 | \$500 monetary penalty based on termination of employment.   |
| Hairston, Harry D., R.T. 0117-003102<br>Roanoke, VA         | 3/19/19 | Reprimand based on falsification of medical records.   |
| Bajwa, Gurpreet S., M.D. 0101-231157<br>Fairfax, VA         | 5/15/19 | Revocation of medical license based on multiple patient cases of inappropriate prescribing and failure to maintain timely, accurate and complete medical records for patients. |
| Bakotic, Bradley W., D.O. 0102-204763<br>Alpharetta, GA     | 5/14/19 | Mandatory suspension based on action taken by the Kansas State Board of Healing Arts.  |
| Chaudhary, Nazir A., M.D. 0101-027959<br>Richmond, VA       | 4/16/19 | Reprimand; license subject to terms and conditions based on multiple patient cases of inappropriate prescribing and illegible and/or incomplete medical records.               |
| Cook, Lawrence S., D.O. 0102-202900<br>Roanoke, VA          | 5/28/19 | Compliance with Board Order entered 3/26/18; terms terminated and license restored to full and unrestricted status.  |
| Doebler, William C., M.D. 0101-025752<br>Bonita Springs, FL | 5/22/19 | License reinstated.  |
| Getyina, Chad G., P.A. 0110-002396<br>Daleville, VA         | 5/13/19 | Voluntary surrender for indefinite suspension based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.                           |

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| Gonzalez, Rodolfo H., M.D. 0101-222040<br>Mason Neck, VA  | 5/13/19 | Reprimand based on one patient case of inappropriate standard of care.  |
| Johnson, Charles K., P.A. 0110-840813<br>Richmond, VA     | 5/28/19 | Compliance with Board Order entered 5/30/18; terms terminated and license restored to full and unrestricted status.   |
| Klein, Johathan, M.D. 0101-039553<br>Falls Church, VA     | 5/6/19  | Compliance with Board Order entered 9/20/18, <i>Nunc Pro Tunc</i> : 7/27/18; terms terminated and license restored to full and unrestricted status.   |
| Marengo, Christopher S., M.D. 0101-245636<br>Bristol, VA  | 5/7/19  | Compliance with Board Order entered 3/25/19; License restored to full and unrestricted status.  |
| Fink, Marc J., DPM 0103-000946<br>Chesapeake, VA          | 3/28/19 | Reprimand based on one patient case of inappropriate standard of care.  |
| Reynolds, Meghan O., O.T. 0119-006565<br>Richmond, VA     | 5/16/19 | Compliance with Board Order entered 3/18/19; license reflects current active status, shall continue to comply with HPMP contract.   |
| Anglero, Melissa, D.O. 0102-203052<br>North Las Vegas, NV | 6/25/19 | License revoked based on incompetent standard of care with multiple patients; failure to timely respond while on-call; failure to properly manage or maintain timely, accurate, legible and complete patient records; engaging in a pattern of unprofessional and disruptive conduct in a health care setting; and providing false information in her Application for Licensure in Virginia and North Carolina. |
| Bautista, Eliseo A., M.D. 0101-051604<br>Warsaw, VA       | 6/17/19 | Voluntary surrender of license based on inability to practice safely due to illness.  |
| Bibay, Laarni S., M.D. 0101-048337<br>Portsmouth, VA      | 6/28/19 | Reprimand; \$2000 monetary penalty based on fraudulently signing patient treatment records and authorizing a nurse practitioner to write prescriptions on pre-signed prescription blanks.   |
| Dillon, Edward C., M.D. 0101-048367<br>Richmond, VA       | 6/5/19  | Compliance with Board Order entered 3/17/14; license restored to full and unrestricted status.  |
| Dozier, Lance C., M.D. 0101-035554<br>Norton, VA          | 6/28/19 | Reprimand; license subject to terms and conditions based on inability to practice with reasonable skill and safety due to illness and/or substance abuse.   |
| Graham, R. Michael, M.D. 0101-044491<br>Norfolk, VA       | 5/20/19 | Indefinite probation; \$5000 monetary penalty, license subject to terms and conditions based on failure to manage and maintain timely, accurate and complete patient records and inability to practice with reasonable skill and safety due to pattern of disruptive behavior.  |

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| Harris, Bill H., M.D. 0101-027386<br>Dandridge, TN              | 6/3/19  | Reprimand based on action by the Kentucky Board of Medical Licensure.   |
| Jespersen, Marsha R., M.D. 0101-233956<br>Fairfax, VA           | 6/25/19 | Reprimand based on one patient case of violation of professional boundaries and disclosing privileged health information; failure to maintain timely, complete and accurate medical records and release of those records.                   |
| Kheir, Wajiha J., M.D. 0116-030049<br>Danville, VA              | 6/28/19 | License reinstated.   |
| Morrison, Jeffrey D., D.O. 0102-050208<br>Newport News, VA      | 6/14/19 | Compliance with Board Order entered 06/14/19; license restored to full and unrestricted status.   |
| Morse, Jeffrey H., M.D. 0101-035684<br>Virginia Beach, VA       | 6/27/19 | Compliance with Board Order entered 4/1/19; license restored to full and unrestricted status.   |
| Ojiegbe, Vitalis O., M.D. 0101-231323<br>Bowie, MD              | 6/25/19 | Mandatory suspension based on action taken by the Maryland State Board of Physicians.   |
| Paschold, John C., M.D. 0101-059022<br>Norfolk, VA              | 6/24/19 | Reprimand based on one patient case of inappropriate prescribing.   |
| Powlovich, Lauren M.G., M.D. 0101-264531<br>Charlottesville, VA | 6/12/19 | Mandatory suspension based on action by the North Carolina Medical Board.   |
| Smith, Kyle A., M.D. 0101-261741<br>Washington, DC              | 6/26/19 | Reprimand with terms and conditions: remain in HPMP and prohibited from treating female patients based on action taken by the Maryland State Board of Physicians and inability to practice with reasonable skill and safety due to illness. |
| Smith, Steven R., M.D. 0101-102684<br>Berryville, VA            | 6/28/19 | Reprimand based on the action by the West Virginia Board of Medicine.   |
| Soni, Shashibala, M.D. 0101-260794<br>Bronx, NY                 | 5/16/19 | Restricted from practicing medicine and surgery in Virginia with terms and conditions based on orders of the NH Board of Medicine and NY State Board for Professional Misconduct; and incompetence to practice medicine.                    |
| Trengove-Jones, Guy, M.D. 0101-035886<br>Norfolk, VA            | 5/15/19 | Violation of failure to respond to patient request for records; no sanction imposed based on implementation of corrective measures.   |
| Wanidworanun, Chingchai, M.D.<br>0101-058666<br>Arlington, VA   | 6/6/19  | Reprimand based on one patient case of inappropriate prescribing and breaching confidentiality.   |
| Williams, Reginald A., M.D. 0101-241805<br>Fulshear, TX         | 6/19/19 | Mandatory suspension based on a felony conviction in the U.S. District Court for the  |

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|  |         | Southern District of Texas, to wit: unlawfully distributed and dispensed hydrocodone.                                     |
| Young, Jacob N., M.D. 0101-049336<br>Charlottesville, VA       | 6/25/19 | Reprimand based on two patient cases of inappropriate standard of care.   |
| Hess, Michael D., D.C. 0104-556449<br>Lynchburg, VA            | 6/11/19 | Ordered HPMP entry based on inability to practice with reasonable skill and safety due to illness and or substance abuse. |
| Salinas, Amanda Lynn, Rad Tech<br>0120-009479<br>Mukwonago, WI | 6/5/19  | Reprimand based on exceeding scope of practice.   |
| Williams, Kathryn D., O.T. 0119-005561<br>Union Hall, VA       | 6/11/19 | Compliance with Board Order entered 4/29/19; license restored to full and unrestricted status.                            |

**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:**

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| Bushnell, Ashley, Rad. Tech. 0120-009959        | 1/11/19 |
| Murray, Tyra J., Rad. Tech. 0120-009958         | 1/11/19 |
| Jennette, Tenielle, Rad. Tech. 0120-009973      | 2/5/19  |
| Reichmann, Samantha M., Rad. Tech. 0120-009977  | 2/5/19  |
| Richardson, Jeanette M., Rad. Tech. 0120-009979 | 2/16/19 |
| Taylor, Heather D., Rad. Tech. 0120-009978      | 2/12/19 |
| Sharp, Joshua T., Rad. Tech. 0120-010008        | 3/8/19  |

**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:**

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| Rich, Petrovia M., M.D. 0101-038385<br>Richmond, VA             | 4/25/19 | License suspended based on dishonored check. |
| Chastain, Krista L., Rad. Tech.<br>0120-006087<br>Bryantown, MD | 4/3/19  | License suspended based on dishonored check. |
| Kheir, Wajihah J., M.D. 0116-030049<br>Danville, VA             | 4/3/19  | License suspended based on dishonored check. |

Virginia Board of Medicine  
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[www.dhp.virginia.gov/medicine](http://www.dhp.virginia.gov/medicine)