Table of Contents

Grace Period for Licensure of Behavior Analysts and Assistant Behavior Analysts ............ 2
Reminder from the Board of Pharmacy .................................................................................... 2
FDA – Hyperbaric Oxygen Therapy ........................................................................................ 2
More on Controlled Substances ............................................................................................... 4
Prescription Monitoring Program .......................................................................................... 6
Death Certificate Module ........................................................................................................ 7
Compensated Community Service Opportunity as a Local Medical Examiner ............. 8
Board Meeting Minutes ........................................................................................................ 9
License Counts as Of September 16, 2013 ........................................................................ 24
Virginia Board of Medicine Board Members 2013 ............................................................ 25
Advisory Board Members .................................................................................................... 26
Advisory Board Meeting Minutes ......................................................................................... 28
Board Decisions .................................................................................................................. 29
GRACE PERIOD FOR LICENSURE OF BEHAVIOR ANALYSTS AND ASSISTANT BEHAVIOR ANALYSTS

The initial date that the Board of Medicine could issue licenses for Behavior Analysts and Assistant Behavior Analysts was September 19, 2012. It is customary to allow a reasonable amount of time after the initial licensing date for qualified applicants to apply for a license. In keeping with this practice, the Board supported a period of 12 months (September 19, 2013) before any allegation of unlicensed practice is brought at the time of licensure. All licensees that receive this newsletter are encouraged to spread the word in your professional community.

REMEMBER FROM THE BOARD OF PHARMACY

The Board of Pharmacy reminds all prescribers that you should only order drugs from entities that are properly licensed with the Virginia Board of Pharmacy. Also remember that you should not accept or dispense compounded “samples” from a pharmacy, as a pharmacy is not authorized to compound drugs for further distribution.

FDA – HYPERBARIC OXYGEN THERAPY

The Food and Drug Administration has asked that the Board provide the following information to you regarding the use of hyperbaric oxygen therapy. Some centers are making claims for use of hyperbaric oxygen in conditions that have not been approved by the FDA. You may wish to use this information in discussions with your patients should the topic of hyperbaric oxygen therapy arise.

August 22, 2013

To Whom It May Concern:

FDA’s Center for Devices and Radiological Health (CDRH) has become aware of the use of hyperbaric oxygen chambers to treat a range of serious medical conditions for which the device has not been FDA-cleared or approved. Some of the claims being made by treatment centers offering hyperbaric oxygen therapy (HBOT) pose serious potential safety concerns. According to complaints we have received and websites that promote these uses, HBOT is being promoted to treat a variety of conditions that have not been cleared or approved, including:

- Asthma
- Autism
- AIDS/HIV
• Cancer
• Diabetes
• Heart Disease
• Migraine
• Parkinson’s Disease
• Stroke

The FDA has cleared hyperbaric oxygen chambers for the following uses:

• Air or Gas Embolism
• Carbon Monoxide Poisoning  
  o Carbon Monoxide Poisoning Complicated by Cyanide Poisoning
• Gas Gangrene (Clostridial Myonecrosis and Myonecrosis)
• Crush Injury, Compartmental Syndrome and Other Acute Traumatic Ischemias  
• Decompression Sickness
• Arterial Insufficiencies  
  o Central Retinal Artery Occlusion
  o Enhancement of Healing in Selected Problem Wounds
• Severe Anemia
• Intracranial Abscess
• Necrotizing Soft Tissue Infections
• Osteomyelitis (Refractory)
• Delayed Radiation Injury (Soft Tissue and Bony Necrosis)
• Compromised Grafts and Flaps
• Acute Thermal Burn Injury

The FDA does not regulate the practice of medicine, but is concerned that patients treated with HBOT for non-cleared conditions, especially in place of treatment options with established safety and effectiveness, may experience a lack of improvement or worsening of their existing condition(s). Patients may not be aware that the safety and effectiveness of HBOT has not been established for use in these condition(s).

The hyperbaric chamber operator is typically trained to operate the chamber and recognize signs and symptoms of injuries caused by pressure changes and how to respond, but is not typically trained in the treatment of the disease or condition.

Please share this information with the health care providers that you license and look closely at any complaints you may receive related to the treatment of patients with HBOT. The FDA recently posted a Consumer Update, Hyperbaric Oxygen Therapy: Don’t Be Misled which urges patients to discuss HBOT directly with their health care providers to determine whether it is an appropriate treatment option. The FDA encourages you to inform your constituents about the potential risks of using HBOT for the conditions listed above for which these devices have not been cleared or approved.

Hyperbaric oxygen chambers are prescription devices, and we have received numerous complaints related to the sale of these devices to patients without a prescription. We have also received numerous complaints regarding their use in facilities not operated by a licensed physician. We would encourage your organization to work with these establishments to ensure they are in compliance with state and local regulations.

Additionally, any information that you can provide that may help us better understand this issue would be greatly appreciated. If you have any information about these or other issues that have come to your attention, please contact FDA’s Division of Small Manufacturers, International and Consumer Assistance.
(DSMICA) at DSMICA@FDA.HHS.GOV, or 800-638-2041, or 301-796-7100. You can also submit an adverse event report to FDA’s MedWatch, FDA’s information and adverse events reporting program.

Thank you,

Food and Drug Administration
Center for Devices and Radiological Health

MORE ON CONTROLLED SUBSTANCES

Prescribers’ Clinical Support System for Opioid Therapies

Prescription drug abuse and its attendant morbidity and mortality continue to be of great concern across the Commonwealth. Recently the topic of continuing education on the proper use of controlled substances for all prescribers licensed by the Board of Medicine was discussed by its Executive Committee. Although the Committee favored not requiring specific CME, it was very much in favor of licensees taking advantage of the many fine resources presently available about prescribing controlled substances.

Prescribers’ Clinical Support System for Opioid Therapies (PCSS-O) is a three year grant funded by The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). It is a collaborative project led by the American Academy of Addiction Psychiatry with: the American Dental Association, American Medical Association, American Osteopathic Academy of Addiction Medicine, American Psychiatric Association, American Society for Pain Management Nursing, and International Nurses Society on Addictions. PCSS-O currently makes available 66 learning modules, which you can access from the list below. All are free of charge.

May 2, 2013

Dear Colleague,

I am writing to bring to your attention a number of free, evidence-based clinical resources designed to help prescribers’ learn about safe opioid prescribing practices.

- All resources are 100% free. Funding is provided by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT).
- Over 7,500 individuals have participated in various trainings within the past 18 months.
- 91% of participants were either very satisfied or satisfied with the quality of training.
- 90% strongly agreed or agreed that they would recommend the training to a colleague.
- 96% of information received during the training was found to be very useful or useful.
- Approximately 77% of participants have shared information from the training with others, while 82% have applied what they learned from the training to their work.
We are able to offer you these free resources through our initiative, “Prescribers’ Clinical Support System for Opioid Therapies (PCSS-O) www.pcss-o.org” which is a collaborative project led by the American Academy of Addiction Psychiatry and includes the American Dental Association, American Medical Association, American Osteopathic Academy of Addiction Medicine, American Psychiatric Association, American Society for Pain Management Nursing, and International Nurses Society on Addictions.

As you know opioid addiction has reached epidemic proportions in the United States with an estimated 3 million people having become dependent on prescription opioid analgesics or other opioids such as heroin. Opioid misuse is a significant public health problem that carries substantial morbidity and mortality (Kertesz et al. 2012, Gibson et al. 2011, Hser et al. 2007). While heroin use remains prevalent, prescription opioid abuse has risen dramatically in the past decade. The National Survey on Drug Use and Health (NSDUH) reports that among individuals aged 12 and older, 4.6% have used prescription opioids non-medically in the past year and 4.4% of pregnant women were current illicit drug users (NSDUH 2011). Of further concern is the finding that 14% of substance abusers cite pain medication as being the first substance they abused, suggesting that barriers for initiation of use are becoming very low even among adolescents (NSDUH 2011). Given the scope of the prescription opioid misuse epidemic, it is imperative that effective education be made available to a wide range of healthcare providers who will treat patients seen in a variety of treatment settings, including primary care, psychiatric care, dental and pain management settings.

While this problem is fast growing throughout all communities so are the demands that the medical community needs to take to prevent further abuse and to assist those patients who have developed addictions.

PCSS-O provides free training and education on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction. The focus of this project is to reach prescribers’ and/or prescribers’-in-training from diverse healthcare professions including physicians, nurses, dentists, physician assistants, pharmacists, and program administrators to offer free, accessible, evidence-based trainings. The training topics focus on safe and appropriate prescribing of opioids and providing peer support to these prescribers. To reach the largest number of prescribers most cost-effectively and efficiently, PCSS-O provides a variety of educational materials dedicated to this topic. The establishment of this national training and mentoring program will help to improve the health and safety of Americans suffering with chronic pain and/or opioid-related addiction.

I am writing to make you aware of this project which is available at no cost. I hope that you will inform members of your medical society of this program and encourage them to visit www.pcss-o.org to take part. Trainings available on the PCSS-O site include clinical online modules, live and archived webinars, a peer support program, a listserv and an iPhone application. These resources are described in the attached flyer and brochure. Also attached you will find a training database which lists all PCSS-O trainings which have taken place to date. Furthermore, we hope to be able to provide CME credits in the near future.

We ask that you share this information with your members and let us know if you have any questions. We look forward to working with you on making expanded access to evidence based treatment available to those who suffer with opioid addiction and address this public health priority.

Sincerely,

Kevin Sevarino, MD, PhD
Medical Director, PCSS-O
PRESCRIPTION MONITORING PROGRAM

Virginia’s Prescription Monitoring Program is in its 10th year of operation. The Program began in response to concerns about abuse and diversion of controlled substances. Giving prescribers access to a patient’s record of controlled substances is seen to have a number of advantages: 1) with access to a patient’s controlled substance prescriptions, a prescriber can make better clinical decisions for the patient; 2) the prescriber can better identify if a patient has a problem with substance abuse for purposes of diagnosis, treatment and referral; 3) clues to diversion can be spotted and dealt with appropriately.

Beginning with the collection of Schedule II drugs in Southwest Virginia, the Program’s scope has grown dramatically over the past decade. Now all Schedule II, III and IV drugs dispensed by pharmacies in the Commonwealth or operating into the Commonwealth must be reported to the Program. Over 13 million prescriptions will be logged by the Program this year, and it will answer over 1 million requests for patient information.

Most requests come from prescribers; pharmacists and law enforcement also routinely make requests of the Program. The good news is that about 85% of the most prolific prescribers of controlled substances are signed up to use the Program. But controlled substances still manage to make it onto the street, and even if you only write a few prescriptions a month for substances that can be abused, the Program can be useful to you, good for your patients and good for the health of the public.

Three aspects of the Program should be mentioned. The law now allows a practitioner signed up with the Program to delegate access to an unlimited number of licensed healthcare professionals under his/her direct supervision. A busy practitioner can have licensed staff make requests of the Program when he/she was too busy to do so previously. Also, the Program is interoperable with 13 other states. Not only can you check a patient’s prescription history in Virginia, but also in Tennessee, Ohio, Indiana, Connecticut, Illinois, Michigan, South Carolina, North Dakota, Arizona, Kansas, New Mexico, South Dakota and Louisiana. Additionally, Virginia’s PMP introduced a new service for registered prescribers allowing them to request their prescribing history for the last 90 days. This feature is meant to assist them in reviewing their prescribing history to monitor possible misuse of their DEA registration by others.

If you are signed up with the Program, you are encouraged to use it whenever you anticipate prescribing controlled substances. If you are not signed up, click on the following link to do so.

http://www.dhp.virginia.gov
DEATH CERTIFICATE MODULE

The Virginia Department of Health, through its Office of Vital Records, keeps track of all births and deaths in the Commonwealth. Filling out a death certificate is the last act of care for your patient. To help you with the process, the Office of the Chief Medical Examiner has prepared a tutorial that you can view at your convenience. The Board has approved completion of this module for 1 hour of Type 1 continuing medical education for the purpose of licensure renewal. Click on the following link to access the module.

http://www.vdh.virginia.gov/clinicians/Courses/DeathCertificate.html
COMPENSATED COMMUNITY SERVICE OPPORTUNITY AS A LOCAL MEDICAL EXAMINER

Are you a fan of TV shows like CSI, Law and Order, and Criminal Minds or of novels by such authors as Grisham, Baldacci and Cornwell? As a licensed Virginia doctor, you have the opportunity to enter the real world of medicolegal death investigation by performing a valuable community service and assisting law enforcement within your locality while receiving monetary compensation. Serving the citizens of Virginia as a part-time Local Medical Examiner (LME) is not only rewarding but extremely interesting as it allows you, the physician LME, to enter the intriguing and restricted world of medicolegal death investigation and still maintain your full time medical practice.

There are many benefits to being appointed Local Medical Examiner in your community and it requires only a small investment of your time, about an hour for each case investigated.

1. As an agent of the Commonwealth of Virginia you would be compensated $150 for every case you accept under the jurisdiction of the Office of the Chief Medical Examiner to investigate with an additional $50 for every non-hospital death scene you choose to visit as part of your investigation and for every cremation permit you certify for a funeral home.

2. While acting as LME you will not require any additional malpractice coverage as your medical examiner work as an agent of the Commonwealth is covered by the Commonwealth of Virginia.

3. As a LME you will be eligible to attend free biannual LME training programs provided within the districts by the Office of the Chief Medical Examiner for 8 hours of CME credit per program.

4. While functioning as a LME you will get to know the law enforcement officers and Commonwealth’s Attorneys within your community expanding your professional acquaintances and work partners from your interaction with them as a LME.

5. Through your LME duties you will be performing a very critical community service for the individuals who reside in your locality by ensuring that those who die a violent or unnatural death have their cases thoroughly and properly investigated and their cause and manner of death appropriately certified.

6. As a Virginia LME you will be working within a nationally recognized, statewide medicolegal death investigation system with four separate district offices employing fulltime, board certified forensic pathologists to perform autopsies on your medical examiner cases and fulltime medicolegal death investigators to assist you with your investigations and the minimal paperwork required for case completion.

If you have questions or are interested in serving as a Local Medical Examiner for your community, please contact Mrs. Donna Price, our Statewide LME Coordinator, directly at 804-786-1032 or through the Richmond Office of the Chief Medical Examiner phone number 804-786-3174 option #1. Thank you.
BOARD MEETING MINUTES

The Board regulates your practice. To keep you current with what the Board is discussing, here are the draft June 20, 2013 Full Board minutes, the draft August 2, 2013 Executive Committee minutes, and the draft August 20, 2013 minutes from the Ad Hoc Committee on Collaborative Practice between pharmacists and prescribers.

VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES

Thursday, June 20, 2013                Department of Health Professions                       Henrico, VA

CALL TO ORDER: Dr. Hoffman called the meeting to order at 8:45 a.m.

ROLL CALL

MEMBERS PRESENT: Valerie Hoffman, DC, President
Stuart Mackler, MD, Vice-President
Wayne Reynolds, DO, Secretary-Treasurer
Barbara Allison-Bryan, MD
Randy Clements, DPM
Claudette Dalton, MD
Irina Farquhar, PhD
Robert Hickman, MD
William Hutchens, MD
Jane Maddux
Kevin O’Connor, MD
Jane Piness, MD
Kenneth Walker, MD

MEMBERS ABSENT: Kamlesh Dave, MD
Siobhan Dunnavant, MD
Stephen Heretick, JD
Michael Signer, PhD, JD

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director, Discipline
Barbara Matusiak, MD, Medical Review Coordinator
Alan Heaberlin, Deputy Executive Director, Licensing
Colanthia Morton Opher, Operations Manager
Joy Langford, Office Specialist
Arne Owens, DHP Chief Deputy Director
Elaine Yeatts, DHP Senior Policy Analyst

OTHERS PRESENT: Elizabeth Carter, PhD, Healthcare Workforce Data Center
EMERGENCY EGRESS PROCEDURES

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

APPROVAL OF THE FEBRUARY 21, 2013 MINUTES

Dr. Piness moved to accept the minutes of February 21, 2013. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

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

PUBLIC COMMENT ON AGENDA ITEMS

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

There was no public comment.

NEW BUSINESS

DHP DIRECTOR’S REPORT

Arne Owens, Chief Deputy, provided an update on the status of the National Governors Association project related to prescription drug abuse. He noted that a final draft should be completed by the first of September.

Elizabeth Carter, PhD presented a draft report on Virginia’s physician workforce developed from a survey administered by the DHP Healthcare Workforce Data Center. She highlighted several areas of the report and asked the members for any feedback they might have to be forwarded by the end of the month.

Dr. Carter advised that the Healthcare Workforce Data Center had recently provided information regarding primary care physicians to the Richmond Times-Dispatch. Mr. Owens commented that the Associated Press appears to working on a story about a potential decline in the number of primary care physicians.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR
PRESIDENT'S REPORT

Dr. Hoffman presented Dr. Dalton a certificate from the Federation of State Medical Boards that acknowledged her service in FSMB's Maintenance of Licensure effort.

VICE-PRESIDENT'S REPORT

Dr. Mackler had no report.

SECRETARY-TREASURER'S REPORT

Dr. Reynolds acknowledged the good work of the staff in keeping the Board's expenses under control. He further stated that with a healthy surplus, the Board would be voting on a fee reduction for its licensees a little later on the agenda.

EXECUTIVE DIRECTOR'S REPORT

• Revenue and Expenditures Report

Dr. Harp reported that the Board is still operating well within budget. The cash balance as of April 30, 2013 was $8,560,662. Dr. Harp highlighted the fees spent on temporary employees, HPMP and medical experts.

Dr. Harp stated that the budget for 2015-2016 has been formulated. In it, the Board is requesting funding for two new licensing positions, for a retreat, and to cover additional Board members’ attendance at the Annual Meeting of the Federation of State Medical Boards.

• Correspondence from FSMB regarding the Board Liaison Program

Dr. Harp announced that Mr. Heretick was our new liaison from FSMB.

• Letter to Senator Linda T. Puller, JCHC

Dr. Harp briefly reviewed the letter sent to Senator Puller and noted that the Board continues to meet its responsibility to the Joint Commission on Healthcare.

• Letter to David Johnson, FSMB

Dr. Harp reminded the Board of the decision to allow FSMB to take the responsibility for determining special test accommodations for USMLE 3.

• Letter to Greg Billings, C-Tel

Dr. Harp informed the Board that the Executive Committee met in April, and after discussion, concluded that the suggested language in C-Tel’s document would require an amendment to the Code of Virginia by the General Assembly. Dr. Harp advised that Board staff will follow this issue as it continues to be in active discussion at the national level.
Ms. Deschenes pointed out that §54.1-3303 states that a prescription for a controlled substance may be issued only by a practitioner to persons with whom the practitioner has a bona fide practitioner-patient relationship and specifically has performed or had performed an appropriate examination of the patient either in person or by the use of instrumentation or diagnostic equipment.

Board members then had a brief discussion about contracted telemedicine services and whether a Virginia license was required for such activity. As an associated matter, the Board did opine that a member of a physician group could prescribe for a patient if a bona fide doctor-patient relationship had been established by one prescriber in the group.

• Prescription Monitoring Program (PMP) Update

Dr. Harp pointed out that the PMP will hit one million user requests for information this year.

Dr. Harp stated that 85% of the practitioners that are prolific prescribers are registered with the PMP, which is good. However, the number of pills written by the most conservative prescribers, many of whom are not users of the PMP, is still a very significant amount.

Mr. Owens advised that only 17% of those using the PMP said that they had altered their treatment plan for substance abuse patients. Mr. Owens also said that the General Assembly recently passed law that will allow local law enforcement access to the PMP.

In response to a Board member’s inquiry as to what studies have been done on the demographics of drug abuse and drug deaths, Dr. Harp pointed out that Virginia physician Marti Wunsch had the NIH grant to study drug fatalities in Southwest Virginia. She reported the results of her review of 900 deaths to the medical community in 2007. To the best of Dr. Harp’s recollection, he said the average description of a victim was male, mid-thirties, unemployed, with chronic pain, disability and substance abuse issues.

• Health Practitioners Monitoring Program Statistics

Dr. Harp noted the total number of Medicine participants in the program to be 110 with 73 MDs. This report was for informational purposes only. No action was required.

Dr. Harp announced that Dr. Penny Zeigler will be leaving the program; Dr. Silverman is actively recruiting for the medical director position.

• Board Briefs

Dr. Harp suggested that future board briefs be comprised of Board meeting minutes, updated disciplinary actions, and any topics of immediate interest. The briefs would be available three times a year.

The Board members unanimously agreed.
Committee and Advisory Board Reports

Dr. Dalton moved to accept the committee reports en bloc. The motion was seconded and carried unanimously.

Other Reports

Assistant Attorney General

Ms. Deschenes stood in for Ms. Barrett and provided an update on the disciplinary matters before the courts.

No action was required by the Board.

Board of Health Professions

Dr. Farquhar had no report.

Podiatry Report

Dr. Clements had no report.

Chiropractic Report

Dr. Hoffman had no report.

Joint Board of Nursing and Medicine

Dr. Hickman had no report.

Regulatory and Legislative Issues

- Chart of Regulatory Actions

Ms. Yeatts gave a brief overview of the status of regulations for the Board. She called attention to several including the emergency regulations for the Regulations that Govern the Practice of Physician Assistants and Qualifications for Fluoroscopy and pointed out that approval is still pending.

Dr. Dalton stated that the AMA Board of Trustees had recently issued a resolution that recommends direct physician supervision of PAs doing pain management with fluoroscopy.

Ms. Yeatts advised that the regulation for the elimination of the 4th visit rule has been approved. She stated that this information must now be captured in the practice agreement when submitted to the Board for approval. Ms. Yeatts suggested that this be highlighted in the next Board Brief.
Ms. Yeatts reminded the Board that behavior analysts and assistant behavior analysts were granted licensure by emergency regulation. Those regulations are currently in effect and will need to be replaced in September. She suggested that the Executive Committee ask for a 6-month extension of the emergency regulations at its August meeting, just to be on the safe side.

Mr. Owens informed the Board that the Director’s office met with Secretary Hazel and discussed the top ten items on DHP’s list in hopes of moving the department’s regulatory and legislative matters ahead.

- Regulatory Reform Project

Ms. Yeatts briefly reviewed the Notice of Periodic Review for Nurse Practitioner Regulations as part of the Governor’s Regulatory Reform Project.

After a very brief discussion, Dr. Mackler moved to accept the recommendation of the Committee of the Joint Boards of Nursing and Medicine to make no changes to Chapters 30 and 40 at this time. The motion was seconded and carried unanimously.

- Action on Guidance Document

Ms. Yeatts advised that Guidance Document 90-11 was reviewed by the Committee of the Joint Boards of Nursing and Medicine, and only minor revisions are being recommended.

Dr. Mackler moved to adopt the proposed revisions to Guidance Document 90-11. The motion was seconded and carried unanimously.

- Recommendation for Legislative Proposals

Ms. Yeatts advised that the first legislative proposal was from the Advisory Board on Respiratory Care. The Advisory requested that the designation “licensed respiratory care practitioner” be changed to “licensed respiratory therapist” consistent with the national trend.

The second proposal seeks to further clarify the grounds for unprofessional conduct in §54.1-2915, specifically that incompetence to practice with reasonable skill and safety may be a violation of law.

After discussion, Dr. Dalton moved that both legislative proposals be sent to the DHP Director for consideration of inclusion in DHP's legislative packet for the 2014 General Assembly.

- Regulatory Action: Adoption of Amended Regulations for a Fee Reduction for all Professions

Ms. Yeatts referred to the letter from Dr. Reynolds-Cane regarding the financial analysis of the Board and the recommendation of a one-time fee reduction applicable to each profession’s next renewal cycle in either 2014 or 2015. Ms. Yeatts stated that the intent is to reduce fees consistent with the law, but not to the point that the Board will have to increase fees again in the near future.
Dr. Reynolds moved to accept the recommendation. The motion was seconded and carried unanimously.

- Guidance Documents – Licensed Midwives

Ms. Yeatts advised that the guidance documents provide updated code cites, websites, and contact information with the Board of Health to facilitate compliance with law and regulations by licensed midwives.

Dr. Mackler moved to adopt the guidance documents for licensed midwives as presented. The motion was seconded and carried unanimously.

Licensing Report

Mr. Heaberlin reported that the Board’s customer satisfaction rating has increased since his last report. And, with the help of two temporary employees, the medicine and surgery licensing process was running more smoothly and quickly.

Mr. Heaberlin also reported that he participated in an FSMB webinar that discussed the limit of six attempts to pass each step of the USMLE.

Discipline Report

Ms. Deschenes reported that the Board’s numbers are holding steady insofar as cases received and those going forward. She advised that there are 115 cases currently at APD, but the Board is currently caught up and has no notices to issue at the moment. She related that half of APD’s medicine adjudication analysts are out for various reasons. APD is working on filling all vacancies.

Dr. Harp congratulated Dr. Matusiak on her phenomenal 7-9 day time for probable cause review. He said it is in large part due to her efforts that the Board has the good disciplinary stats it does. Ms. Deschenes also thanked all the Board members for their assistance, especially Dr. Hickman, Dr. Dalton, and Dr. Mackler for the extra days they give to case review.

Nominating Committee Report

Dr. Piness, Chair of the Nominating Committee, presented the slate of officers:

Stuart Mackler, MD – President
Wayne Reynolds, DO – Vice-President
Kenneth Walker, MD – Secretary/Treasurer.

With no other nominations from the floor, Dr. Allison-Bryan moved to accept the slate as presented. The motion was seconded and carried unanimously.
Recognition of Board members whose terms are expiring

Dr. Hoffman presented Dr. Dalton with a plaque commemorating her service with the Board from 2005-2013. Dr. Dalton stated that it has been a privilege to work with all of her colleagues on the Board.

Dr. Mackler presented Dr. Hoffman with a plaque commemorating her service with the Board from 2005-2013 and remarked that it has been a privilege and honor to serve with her. Dr. Hoffman thanked everyone and said that she is proud to say that “after eight years on the Board, she is proud to be a DC and never written a prescription in her life.”

FSMB Annual Meeting Update

Dr. Hoffman, Dr. Dalton and Ms. Deschenes gave brief accounts of their attendance at FSMB’s Annual Meeting held in Boston two days after the marathon bombing. They stated that in spite of the distractions and extenuating circumstances, all went well.

Dr. Reynolds announced that he was appointed to the Editorial Board of the Federation of State Medical Boards.

2014 Proposed Meeting Dates

Dr. Harp noted that the schedule for 2014 managed to avoid a conflict with MSV’s Annual Meeting.

Dr. Mackler moved to approve the schedule as presented. The motion was seconded and carried unanimously.

Next Meeting Date

With the possibility of more than one member missing the scheduled October 24th meeting, Dr. Dalton moved to change it to October 17-19th. The motion was seconded and carried with one opposed. Staff will confirm room availability for this move.

Credentials Committee Recommendations

The Board reviewed the Credentials Committee recommendations for two applicants along with the applicants’ petitions to withdraw their applications for licensure.

Dr. Mackler moved to accept both withdrawal requests. The motion was seconded and carried unanimously.

Announcements

Dr. Mackler offered his personal travel reimbursement tracking form to the Board members to use if needed.
Dr. Harp mentioned that the Food and Drug Administration has hired the Brookings Institution to study the best ways to communicate the law prohibiting the purchase and use of unapproved medications to physicians/prescribers. Board staff has been on a call with researcher Joel Wu of Brookings; a meeting will be called in Washington, DC sometime in the near future.

**Adjournment:** With no other business to conduct, the meeting adjourned at 10:59 a.m.
Emergency Egress Procedures

Dr. Reynolds provided the emergency egress procedures.

Adoption of Agenda

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

Public Comment on Agenda Items

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

Mr. Jurgensen addressed the members of the Committee and expressed the Medical Society’s support for the pending nurse practitioner regulations. He also noted that the Society has some concerns about requiring specific content for continuing medical education, but will review any proposal developed by the Board.

Approval of the April 5, 2013 Minutes

Dr. Reynolds moved to approve the minutes as presented. The motion was seconded and carried unanimously.

New Business

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

Revenue and Expenditures Report

Dr. Harp advised that the Board is still in good fiscal health, and that the cash balance as of May 31, 2013 was $8.3 million.

Letter from Dr. Reynolds-Cane

Dr. Harp reviewed the letter from Dr. Reynolds-Cane, DHP Director, asking the Board to consider a one-time renewal fee decrease of approximately 14% for all professions at their next renewal.

Key Performance Measures

Dr. Harp reported on the 4th quarter performance measures, noting that 320 cases were received by the Board, and 262 were closed. The pending caseload older than 250 days was 18%, which is well under the 25% threshold. Cases closed within 250 business days was at 94%. Dr. Harp reminded the Committee that the multi-sequence process from initial complaint to resolution plays into the 250 business day clock.

Responding to the Committee’s inquiry on how adequately staffed APD is for meeting the established goals, Ms. Deschenes said that Jim Banning, Director for APD, could best address that question. She did say that APD was currently addressing a staffing shortage which could affect how many and how quickly cases get to the Board for scheduling.
HPMP

Dr. Harp provided a quick review of the HPMP report and noted a slight decrease in the numbers for Medicine. He stated that the Virginian-Pilot may be printing a story regarding practitioners in monitoring programs since a reporter had recently requested information related to the topic.

Letter from Medical Society of Virginia (MSV)

Dr. Harp reviewed the letter from MSV confirming its support for the Virginia nurse practitioner regulations for patient care teams. Dr. Harp pointed out that the emergency regulations were effective May 8, 2013 and will need to be replaced by May 7, 2014.

Petition for Rulemaking – Ms. Cartwright

Dr. Harp brought to the Committee’s attention a petition for rulemaking from Melody Cartwright who petitions the Board to amend the requirements for practice by chiropractors relating to diagnosis and treatment of curvature of the spine and the use of digital x-rays. Dr. Harp stated that the petition is currently on Townhall for public comment until August 28th, and that any comments received will be presented to the Full Board in October.

Chart of Regulatory Actions

In the absence of Elaine Yeatts, DHP Policy Analyst, Dr. Harp briefly went over the status of the pending regulations as of July 19, 2013. This report was for informational purposes only and did not require any action.

Amendments to Regulations Governing the Practice of Nurse Practitioners and Regulations for Prescriptive Authority for Nurse Practitioners

Dr. Harp led the Committee through the proposed regulations that must replace the emergency regulations currently in effect. The Committee thoroughly reviewed and discussed the suggested amendments to 18VAC90-30-10 et.seq. After clarification that an intern/resident cannot serve as a patient care team physician, Dr. Hickman moved to adopt the proposed regulations with amendments as presented. The motion was seconded and carried unanimously.

After further discussion regarding the proposed regulations for prescriptive authority for nurse practitioners and the suggested amendments, Dr. Reynolds moved to adopt the amended version of 18VAC90-40-10 as proposed regulations to replace the emergency regulations currently in effect. The motion was seconded and carried unanimously.

Request to Extend the Life of Emergency Regulations up to Six Months

Dr. Harp informed the Committee that the emergency regulations for the licensure of behavior analysts and assistant behavior analysts are due to expire September 18, 2013. The request would extend the life of the emergency regulations to April 18, 2014.

Dr. Reynolds moved to accept the request to extend the emergency regulations until the time noted. The motion was seconded and carried unanimously.
Proposal for new Physician Orientation Mini-Course

Dr. Mackler presented an overview of the Maryland Board of Physicians’ New Physician Orientation and asked the Committee to consider revamping the Board’s webpage. The majority of the members agreed that the current webpage was acceptable and did not need to be re-worked. Ms. Deschenes quoted from an email received earlier that morning from a reporter that commended Virginia for its user-friendly website.

After discussion, Dr. Reynolds moved not to revamp the existing page, but to approve the development of an orientation module for new licensees. The motion was seconded and carried unanimously.

Name Designation for License Printing

Ms. Opher explained how the agency’s licensing database is set up for the purpose of capturing a licensee’s name, and how Board staff was required to populate a “doing business as” field from which the license is actually printed.

Ms. Opher advised that historically the Board’s policy has been to populate the “doing business as” field with the licensee’s legal first name, middle initial, and last name. However, staff was recently advised that a licensee should be allowed to have any name he/she wished on the license. Ms. Opher provided a scenario in which the licensee’s request to use other than the first name, middle initial, last name in the “doing business as” section was honored. Board staff received an email from a hospital credentialing representative advising that the license printed from the “doing business as” line was not acceptable because it did not match the name in the Board’s database.

After discussion about what constitutes the legal name of an applicant, the Committee said that the Board should simply stick to the first name, middle initial and last name. The applicant would have to have documentation to support the name he/she wished to use as the legal name.

Dr. Reynolds moved that the traditional process of using the first name, middle initial and last name for the purpose of issuing a license under the Board of Medicine remain unchanged. The motion was seconded and carried unanimously.

The Committee adjourned for a ten minute break and reconvened at 10:00 a.m.

Facility Online Employment Verifications

Ms. Opher advised that with more and more facilities going electronic, Board staff is receiving emails advising that employment/privileges verifications can be accessed from third-party services. Ms. Opher explained that some sites are straightforward, but some can take up to 30 minutes to set up an account to access the information.

After discussion, the Committee continues to support the Board’s current policy of requiring the applicant to have the primary source submit employment verification directly to the Board, whether by email, fax, or mail.

Discipline Report

Ms. Deschenes advised that the discipline unit has issued all available notices through September, but there are approximately 185 pending completion. Ms. Deschenes advised the Committee to expect a
decrease in our key performance measures in the next six months because of the aging cases in APD. Ms. Deschenes reiterated that APD is doing its best, given the staffing challenges.

Ms. Deschenes stated that Board staff will do its best to settle as many cases as possible, but the members should expect to have a heavy case load in early 2014.

Petition for Rulemaking to Require CME on the Use of Opioids and Addiction

Dr. Harp provided an overview of how the use of opioids has changed since the mid-1990s. He reminded the Committee that in 1997 FSMB published a Model Policy which was revised in 2004 and has just been revised again. Dr. Harp noted that with the steady climb in overdose deaths, the alarm has been sounded for action nationwide. He commented that a three-pronged approach was needed to combat the drug scourge—education, enforcement, and treatment.

Dr. Harp recounted that in 2006 the PMP and the Board began to hold educational symposia for prescribers of controlled substances around the Commonwealth. In 2007, the Board formed an Ad Hoc Committee on Pain Management that met several times and developed proposed regulations. However, during the regulatory review process, the Executive Branch requested that the Board withdraw the regulations in 2009. It did so reluctantly. In 2008, FSMB gifted the Virginia Board of Medicine 20,000 copies of its “Responsible Opioid Prescribing” which were sent to licensed MDs and DOs showing a Virginia address. More recently, the Medical Society of Virginia has held several meetings in conjunction with the PMP and OneCare. Even with these efforts at education, the death toll remains approximately 500 a year from overdose deaths. So, the question is, “Is it time for mandatory CME on addiction and proper prescribing?”

Dr. Harp noted that the Board has always been in favor of practitioners choosing the CME that would best help them in their daily practice. However, there have been bills in the General Assembly in recent years that sought mandatory CME. In light of all the foregoing, it may be the time for the Board to consider regulation to require CME on this topic.

Drs. Walker and Reynolds agreed that while it’s good to have the mandate, what good would it do? There are 5-6 states that have these mandates, but what analysis is available to support that it does any good? They added that the treatment system in the Commonwealth cannot meet the need.

After discussion, the Committee agreed that this issue would be better addressed in the confines of a workgroup. Mr. Jurgensen restated his support to have any recommendations developed reviewed by MSV. The Committee also agreed that all prescribers should not be mandated to take a prescribing CME course, just those that are prolific prescribers.

Recognizing that there would need to be a statutory change in order for PMP to share information with the Board, the Committee asked Dr. Harp to author a letter to Dr. Reynolds-Cane asking for consideration of a bill that would allow the PMP to identify the most prolific prescribers for the purpose of requiring CME of them.

Credentials Committee Recommendation

The Board was provided with the Credentials Committee’s recommendation in the matter heard on July 19, 2013.
On a motion made by Dr. Hoffman and duly seconded, the Board voted unanimously to accept the Recommendation of the Credentials Committee.

Announcements

The Committee welcomed Erin Barrett, Sr. AAG back from leave.

Next scheduled meeting: December 6, 2013

Adjournment: With no other business to conduct, the meeting adjourned at 11:13 a.m.

Ad Hoc Committee of the Boards of Pharmacy and Medicine to Amend the Regulations Governing Collaborative Practice Agreements

Minutes

The Ad Hoc Committee of the Boards of Pharmacy and Medicine to Amend the Regulations Governing Collaborative Practice Agreements met on Tuesday, August 20, 2013 at 9:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Ellen Shinaberry, PharmD Co-Chair
Kenneth Walker, MD, Co-Chair
Siobhan Dunnavant, MD
Robert Hickman, MD
Dave Kozera, RPh
Cynthia Warriner, RPh

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, MD, Executive Director, Medicine
Caroline Juran, RPh, Executive Director, Pharmacy
Sammy Johnson, RPh, Deputy Executive Director, Pharmacy
Elaine Yeatts, Senior Regulatory Analyst for DHP
Colanthia Morton Opher, Operations Manager, Medicine

GUESTS PRESENT: Kent E. Willard, MD, VAFP
Anne Leigh Kerr, PhRMA
Matt Mansell, MSV
Tim Musselman, VPhA
John Rick Pagadman, VPhA
Teresa Graham, CVTC Pharmacy
Susan Ward, VHHA
Cal Whitehead, VSHP
Richard Grossman, Vectre Corp.

SUMMARY OF MEETING

Dr. Walker called the meeting to order. A roll call was conducted and the Emergency Egress Instructions were given. Self-introductions by the Committee members, Board staff and guests were made.
Dr. Shinaberry moved to adopt the agenda as amended by Ms. Yeatts. The motion was seconded and carried unanimously.

There was no public comment.

**New Business:**

Ms. Yeatts advised that the charge of the Committee was to review the existing regulations for collaborative practice agreements, HB1501, and VA Code §54.1-3303, and prepare recommended changes for each respective Board to separately and jointly adopt at their fall meetings.

The Committee reviewed and briefly discussed the background information provided including the interpretation of “implementation” obtained from the Office of the Attorney General.

In addition, the Committee discussed what elements should be contained in a typical collaborative practice agreement protocol, whether a patient should be required to opt out/in, and how an effective line of communication can be established between the pharmacist and the prescriber.

**18VAC110-40-10 – Definitions.**

The Committee also discussed what constitutes a valid prescription and a bona fide practitioner/patient relationship. After discussion, Dr. Dunnavant moved to adopt the following amendments to 18VAC110-40-10:

“Agreement” means a collaborative practice agreement by which practitioners of medicine, osteopathy or podiatry and pharmacists enter into voluntary, written agreements to improve outcomes for their mutual patients using drug therapies, laboratory tests, and medical devices, pursuant to the provisions of as defined in §54.1-3300 of the Code of Virginia.

"Practitioner" means, notwithstanding the definition in §54.1-3401 of the Code of Virginia, a doctor of medicine, osteopathy, or podiatry who writes the order and is directly and ultimately responsible for the care of a patient being treated under an agreement and who holds an active license to practice from the Virginia Board of Medicine. A a person authorized to have an agreement with a pharmacist and his designated alternative pharmacists as prescribed in the definition of a collaborative agreement in §54.1-3300 of the Code of Virginia.

The motion was seconded and carried unanimously.

**18VAC110-40-20 – Signed authorization for an agreement.**

Dr. Dunnavant moved to adopt the following amendments:

A. The signatories to an agreement shall be a practitioner of medicine, osteopathy, or podiatry involved directly in patient care and a pharmacist involved directly in patient care. The practitioner may designate alternate practitioners and Within the agreement, the pharmacist may designate alternate pharmacists, provided the alternates are involved directly in patient care at a single physical location where patients receive services.
The motion was seconded and carried unanimously.

18VAC110-40-30. Approval of protocols outside the standard of care.
The Committee proposed no amendments to this section.

18VAC110-40-40. Content of an agreement and treatment protocol.
Ms. Juran suggested that the following language be added to 18VAC110-40-40 (b): Implementation, modification, or continuation of drugs in Schedules II through V shall only be performed by a pharmacist as authorized by federal law.

The Committee agreed to the added language with the proviso that it be dropped if the Office of the Attorney General thought it could not be exempt or fast-tracked.

18VAC110-40-50. Record retention.
The Committee proposed no amendments to this section.

18VAC110-40-60. Rescindment or alteration of the agreement.
The Committee proposed no amendments to this section.

18VAC110-40-70. Compliance with statutes and regulations.
The Committee proposed no amendments to this section.

After review, Ms. Yeatts explained the regulatory process and advised that the proposed amendments will be presented at the Board of Pharmacy meeting in September and at the Board of Medicine meeting in October.

With no further business to discuss, the meeting was adjourned at 12:15 p.m.
## License Counts as of September 16, 2013

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Behavior Analyst</td>
<td>48</td>
</tr>
<tr>
<td>Athletic Trainer</td>
<td>1,209</td>
</tr>
<tr>
<td>Behavior Analyst</td>
<td>318</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>1,730</td>
</tr>
<tr>
<td>Interns &amp; Residents</td>
<td>2,996</td>
</tr>
<tr>
<td>Licensed Acupuncturist</td>
<td>447</td>
</tr>
<tr>
<td>Licensed Midwife</td>
<td>71</td>
</tr>
<tr>
<td>Limited Radiologic Technologist</td>
<td>695</td>
</tr>
<tr>
<td>Medicine &amp; Surgery</td>
<td>35,747</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>3,392</td>
</tr>
<tr>
<td>Occupational Therapy Assistant</td>
<td>1,098</td>
</tr>
<tr>
<td>Osteopathy &amp; Surgery</td>
<td>2,449</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>2,672</td>
</tr>
<tr>
<td>Podiatry</td>
<td>493</td>
</tr>
<tr>
<td>Radiologic Technologist</td>
<td>3,789</td>
</tr>
<tr>
<td>Radiologist Assistant</td>
<td>10</td>
</tr>
<tr>
<td>Respiratory Care Practitioner</td>
<td>3,814</td>
</tr>
<tr>
<td>Restricted Volunteer</td>
<td>68</td>
</tr>
<tr>
<td>University Limited License</td>
<td>19</td>
</tr>
<tr>
<td>Volunteer Registration</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>61,067</strong></td>
</tr>
</tbody>
</table>
# VIRGINIA BOARD OF MEDICINE
## BOARD MEMBERS 2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Term Expiry</th>
<th>District/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barbara Allison-Bryan, MD</strong></td>
<td>1st Term Expires June 2016</td>
<td>District: 1 - North</td>
<td></td>
</tr>
<tr>
<td><strong>William Hutchens, Jr., MD</strong></td>
<td>1st Term Expires June 2015</td>
<td>District: 3 – Norfolk</td>
<td></td>
</tr>
<tr>
<td><strong>J. Randolph Clements, DPM</strong></td>
<td>1st Term Expires June 2014</td>
<td>District: 2 - Franktown</td>
<td>Podiatrist - Roanoke</td>
</tr>
<tr>
<td><strong>Stuart F. Mackler, MD, President</strong></td>
<td>2nd Term Expires June 2016</td>
<td>District: 10 – Leesburg</td>
<td></td>
</tr>
<tr>
<td><strong>Claudette Dalton, MD</strong></td>
<td>2nd Term Expires June 2013</td>
<td>District: 5 – Earlysville</td>
<td></td>
</tr>
<tr>
<td><strong>Jane Sheffield Maddux</strong></td>
<td>1st Term Expires June 2013</td>
<td>Citizen Member - Charlottesville</td>
<td></td>
</tr>
<tr>
<td><strong>Kamlesh Dave, MD</strong></td>
<td>1st Term Expires June 2015</td>
<td>District: 4 - Chester</td>
<td></td>
</tr>
<tr>
<td><strong>Kevin O’Connor, MD</strong></td>
<td>1st Term Expires June 2016</td>
<td>District: 10 – Leesburg</td>
<td></td>
</tr>
<tr>
<td><strong>Siobhan S. Dunnavant, MD</strong></td>
<td>1st Term Expires June 2016</td>
<td>District: 7 – Henrico</td>
<td></td>
</tr>
<tr>
<td><strong>Jane E. Piness, MD</strong></td>
<td>2nd Term Expires June 2012</td>
<td>District: 11 – Dunn Loring</td>
<td></td>
</tr>
<tr>
<td><strong>Irina Farquhar, Ph.D</strong></td>
<td>1st Term Expires June 2015</td>
<td>Citizen Member - Burke</td>
<td></td>
</tr>
<tr>
<td><strong>Wayne Reynolds, DO, Vice-President</strong></td>
<td>2nd Term Expires June 2016</td>
<td>Osteopath - Gloucester Point</td>
<td></td>
</tr>
<tr>
<td><strong>Stephen E. Heretick, JD</strong></td>
<td>2nd Term Expires June 2011</td>
<td>Citizen Member - Portsmouth</td>
<td></td>
</tr>
<tr>
<td><strong>Michael Signer, JD</strong></td>
<td>1st Term Expires June 2013</td>
<td>Citizen Member - Arlington</td>
<td></td>
</tr>
<tr>
<td><strong>Robert Hickman, MD</strong></td>
<td>1st Term Expires June 2014</td>
<td>District: 6 - Lynchburg</td>
<td></td>
</tr>
<tr>
<td><strong>Kenneth J. Walker, MD, Secretary-Treasurer</strong></td>
<td>1st Term Expires June 2016</td>
<td>District 9 - Pearisburg</td>
<td></td>
</tr>
<tr>
<td><strong>Valerie Lowe Hoffman, DC</strong></td>
<td>2nd Term Expires June 2013</td>
<td>District: 8 - Arlington</td>
<td>Chiropractor - Danville</td>
</tr>
<tr>
<td><strong>VACANT</strong></td>
<td></td>
<td>District: 8 - Arlington</td>
<td></td>
</tr>
</tbody>
</table>
## ADVISORY BOARD MEMBERS

### Advisory Board on Acupuncture

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>City</th>
<th>Term Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynn Almlof, L.Ac.</td>
<td>Vice-Chair</td>
<td>Virginia Beach</td>
<td>7/1/10 to 6/30/14</td>
</tr>
<tr>
<td>Mari K. Eder</td>
<td></td>
<td>Springfield</td>
<td>7/1/10 to 6/30/14</td>
</tr>
<tr>
<td>Floyd M. Herdrich, L.Ac.</td>
<td></td>
<td>Richmond</td>
<td>7/1/10 to 6/30/14</td>
</tr>
<tr>
<td>Elaine Komarow, L.Ac.</td>
<td>Chair</td>
<td>Vienna</td>
<td>7/1/10 to 6/30/14</td>
</tr>
<tr>
<td>Chheany W. Ung, MD</td>
<td></td>
<td>Roanoke</td>
<td>7/1/10 to 6/30/14</td>
</tr>
</tbody>
</table>

### Advisory Board on Midwifery

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>City</th>
<th>Term Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian A. Chisholm, MD</td>
<td></td>
<td>Charlottesville</td>
<td>7/1/11 to 6/30/13</td>
</tr>
<tr>
<td>Deb McPherson</td>
<td></td>
<td>Lynchburg</td>
<td>7/1/11-6/30/15</td>
</tr>
<tr>
<td>Leslie Payne, CPM, Vice Chair</td>
<td></td>
<td>Lynchburg</td>
<td>7/1/05 to 6/30/13</td>
</tr>
<tr>
<td>Kim Pekin, CPM</td>
<td></td>
<td>Purcellville</td>
<td>7/1/11 to 6/30/15</td>
</tr>
<tr>
<td>Bettie Sheets, CPM</td>
<td></td>
<td>Gloucester</td>
<td>7/1/12 to 6/30/16</td>
</tr>
</tbody>
</table>

### Advisory Board on Athletic Training

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>City</th>
<th>Term Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon Almquist, ATC</td>
<td></td>
<td>Vienna</td>
<td>7/1/03 – 6/30/11</td>
</tr>
<tr>
<td>Mitchell Callis, ATC</td>
<td></td>
<td>Chesapeake</td>
<td>7/1/11 - 6/30/14</td>
</tr>
<tr>
<td>Brent L. Arnold, AT, Chair</td>
<td></td>
<td>Goochland</td>
<td>7/1/10 - 6/30/14</td>
</tr>
<tr>
<td>Reg E. Roland</td>
<td></td>
<td>Richmond</td>
<td>7/1/03-6/30/11</td>
</tr>
<tr>
<td>Cynthia Su, MD, Vice-Chair</td>
<td></td>
<td>Chesapeake</td>
<td>7/1/07-6/30/15</td>
</tr>
</tbody>
</table>

### Advisory Board on Occupational Therapy

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>City</th>
<th>Term Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jean A. Hearst, OT</td>
<td></td>
<td>Virginia Beach</td>
<td>7/1/2004-6/30/12</td>
</tr>
<tr>
<td>Mitch Lovinger, OT, Vice-Chair</td>
<td></td>
<td>Bridgewater</td>
<td>7/1/11-6/30/15</td>
</tr>
<tr>
<td>Eugenio Monasterio, MD, Chair</td>
<td></td>
<td>Mechanicsville</td>
<td>Term Expires 6/30/13</td>
</tr>
<tr>
<td>Kathleen C. Smith, OT</td>
<td></td>
<td>McLean</td>
<td>7/1/11-6/30/15</td>
</tr>
<tr>
<td>VACANT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Advisory Board on Physician Assistants

Rachel A. Carlson, MSDS, PA-C, Chair
Winchester
Term: 7/1/10 to 6/30/14

Paul Marino, PA-C
Reston
Term: 7/1/10 to 6/30/14

Thomas Parish, PA-C, Vice-Chair
Virginia Beach
Term: 7/1/10 to 6/30/14

James Potter, MD
Wise
Term: 7/1/10 to 6/30/14

Kishore Thota
McLean
Term: 7/1/10 to 6/30/14

Advisory Board on Polysomnographic Technology

Debbie Akers, RPSGT - Chair
Virginia Beach
Term: 7/1/10 to 6/30/14

Marie Quinn
Bon Air
Term: 7/1/10 to 6/30/14

Anna Rodriguez, RPSGT
Henrico
Term: 7/1/10 to 6/30/14

Michelle Sartelle, RPSGT, RRT
Henrico
Term: 7/1/10 to 6/30/14

Robert Vorona, MD, Vice-Chair
Virginia Beach
Term: 7/1/10 to 6/30/14

Advisory Board on Radiological Technology

Renee Hess, RT
Richmond
First Term: 7/1/10 to 6/30/14

Rebecca Keith, RT, Vice Chair
Springfield
First Term: 7/1/10 to 6/30/14

Karsten Konerding, MD
Henrico
First Term: 7/01/10 to 6/30/14

Elizabeth L. Meixner, RT, Chair
Richmond
Second Term: 10/12/04 to 6/30/14

VACANT

Advisory Board on Respiratory Care

VACANT
Unexpired Term: - to 6/30/14

Michael Blumberg, MD, Vice-Chair
Richmond
Term: 7/1/10 to 6/30/14

Damie Carter
Jonesville
Term: 7/1/10 to 6/30/14

Stan Holland, RRT
Harrisonburg
Term: 7/1/10 to 6/30/14

Daniel Rowley, RRT, Chair
Charlottesville
Term: 7/1/10 to 6/30/14
ADVISORY BOARD MEETING MINUTES

Advisory Board on Acupuncture

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\19138\Minutes_DHP_19138_v1.pdf

Advisory Board on Athletic Training

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

Advisory Board on Midwifery

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\meeting\26\19151\Minutes_DHP_19151_v1.pdf

Advisory Board on Occupational Therapy

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\19132\Minutes_DHP_19132_v1.pdf

Advisory Board on Physician Assistants

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\19147\Minutes_DHP_19147_v1.pdf

Advisory Board on Polysomnographic Technology

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\17519\Minutes_DHP_17519_v2.pdf

Advisory Board on Radiological Technology

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\Meeting\26\19141\Minutes_DHP_19141_v1.pdf

Advisory Board on Respiratory Care

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\meeting\26\19136\Minutes_DHP_19136_v1.pdf
**BOARD DECISIONS**

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

<table>
<thead>
<tr>
<th>NAME AND LICENSE NO.</th>
<th>DATE OF ACTION</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron, Maureen M., MD 0101-036310 Martinsville, VA</td>
<td>08/05/13</td>
<td>Voluntary surrender of license based on two patient cases of failure to document history or complete physical examination or obtain prior medical records, failure to maintain accurate and complete medical records, issued written opinion regarding patients’ mental competencies in absence of sufficient supporting medical records and without performing adequate mental status evaluations; one patient case of prescribing narcotics without developing a comprehensive treatment plan and without documenting a medical indication or diagnosis; while out of the country authorized registered nurse to provide treatment to patients while not under direct supervision of a physician and left signed blank prescription forms for purpose of allowing registered nurse to complete prescription forms to renew pain medications for patients.</td>
</tr>
<tr>
<td>Altman, Brian R., MD 0101-243739 Louisville, KY</td>
<td>07/03/13 nunc pro tunc 07/01/13</td>
<td>Indefinitely suspended, suspension stayed subject to condition to maintain a course of conduct in practice of medicine commensurate with requirements of the Code of Virginia and laws of the Commonwealth based on multiple patient cases of poor patient selection for surgical interventions, repeatedly operating prematurely without first attempting, or allowing sufficient time for non-operative interventions; over-diagnosing and mis-diagnosing patella instability and hence frequently performing unnecessary surgery to treat condition; displaying a lack of clinical understanding of the diagnosis and surgical management of shoulder conditions; and generally exhibiting incompetence and inadequate knowledge, clinical decision making, and technical operative skills during performance of many different kinds of orthopedic surgeries.</td>
</tr>
<tr>
<td>Amoah, Nana O., MD 0101-245529 Alexandria, VA</td>
<td>04/15/13 nunc pro tunc 01/23/13</td>
<td>Reprimand based on one patient case of ordering sterile water for IV when patient presented to hospital in a hyperglycemic, hyperosmolar state and stuporous condition with severe dehydration.</td>
</tr>
<tr>
<td>Ansari, Abulhasan U., MD 0101-031608 Clinton, MD</td>
<td>06/10/13</td>
<td>Reprimand, monetary penalty ($1000.00) based on action taken by the Maryland Board of Physicians.</td>
</tr>
<tr>
<td>Balaklaw, Lee, MD 0101-249168 Louisa, KY</td>
<td>07/15/13</td>
<td>Voluntary surrender of license based on conviction of ten (10) misdemeanor counts of theft by deception in violation of Kentucky Revised Statute 514.040.</td>
</tr>
<tr>
<td>Basco, Michael A., MD 0101-250243 Washington, DC</td>
<td>07/24/13</td>
<td>Mandatory suspension based on action by the Maryland State Board of Physicians.</td>
</tr>
<tr>
<td>Name</td>
<td>DO# or MD#</td>
<td>City, State</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Beach, Machell, DO</td>
<td>0102-202048</td>
<td>Newport News, VA</td>
</tr>
<tr>
<td>Bergman, Kenneth, MD</td>
<td>0101-102580</td>
<td>Reston, VA</td>
</tr>
<tr>
<td>Bonsu, Osei A., DO</td>
<td>0102-202065</td>
<td>Galax, VA</td>
</tr>
<tr>
<td>Childs, Ronald C., MD</td>
<td>0101-049702</td>
<td>Fairfax, VA</td>
</tr>
<tr>
<td>Cobaugh, Donn, MD</td>
<td>0101-027319</td>
<td>Chester, VA</td>
</tr>
<tr>
<td>Curry, Charlene A., MD</td>
<td>0101-226498</td>
<td>Great Falls, VA</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>City, State</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Desai, Robert K., MD</td>
<td>0101-034707</td>
<td>Westborough, MA</td>
</tr>
<tr>
<td>Doebler, William C., MD</td>
<td>0101-025752</td>
<td>Bonita Springs, FL</td>
</tr>
<tr>
<td>Doeren, Brian R., MD</td>
<td>0101-241949</td>
<td>Colonial Heights, VA</td>
</tr>
<tr>
<td>Farley, Melissa A., RT</td>
<td>0120-002310</td>
<td>Falls Church, VA</td>
</tr>
<tr>
<td>Faulhaber, Jason R., MD</td>
<td>0101-252957</td>
<td>Roanoke, VA</td>
</tr>
<tr>
<td>Ford, Michael B., MD</td>
<td>0101-020991</td>
<td>Appalachia, VA</td>
</tr>
<tr>
<td>Frazier, Joe W., PA</td>
<td>0110-002736</td>
<td>New Windsor, MD</td>
</tr>
<tr>
<td>Garner, Daniel C., MD</td>
<td>0101-053369</td>
<td>Franklin, TN</td>
</tr>
<tr>
<td>Glaeser, Richard D., MD</td>
<td>0101-225613</td>
<td>Williamsburg, VA</td>
</tr>
<tr>
<td>Graham, Cecil C., MD</td>
<td>0101-228021</td>
<td>Phoenix, AZ</td>
</tr>
<tr>
<td>Gresinger, Thomas, MD</td>
<td>0101-018451</td>
<td>Falls Church, VA</td>
</tr>
<tr>
<td>Hadi, Sabah M., MD</td>
<td>0101-059359</td>
<td>Herndon, VA</td>
</tr>
<tr>
<td>Name</td>
<td>License No.</td>
<td>Address</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Hardcopf-Bickley, Jan G., OT</td>
<td>0119-004289</td>
<td>Clarksville, VA</td>
</tr>
<tr>
<td>Harding, John L., MD</td>
<td>0101-235086</td>
<td>Salem, VA</td>
</tr>
<tr>
<td>Harris, Pamela, RCP</td>
<td>0117-004476</td>
<td>Appomattox, VA</td>
</tr>
<tr>
<td>Hasspieler, Ralph A., MD</td>
<td>0101-057731</td>
<td>Ontario, Canada</td>
</tr>
<tr>
<td>Hite, Paul D., MD</td>
<td>0101-037090</td>
<td>Richmond, VA</td>
</tr>
<tr>
<td>Hunasikatti, Mahadevappa, MD</td>
<td>0101-058372</td>
<td>Fairfax, VA</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>City, State</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Hunt, Carl V., DO</td>
<td>0102-036979</td>
<td>Manassas, VA</td>
</tr>
<tr>
<td>Kahan, Barry E., MD</td>
<td>0101-029305</td>
<td>Richmond, VA</td>
</tr>
<tr>
<td>Kamaka, Joseph K., III, MD</td>
<td>0101-248128</td>
<td>Wailuku, HI</td>
</tr>
<tr>
<td>Kamaugia, Pierre, MD</td>
<td>0101-243591</td>
<td>Yaounde, Cameroon</td>
</tr>
<tr>
<td>Keeley, Christopher C., MD</td>
<td>0101-057979</td>
<td>Salem, VA</td>
</tr>
<tr>
<td>Kelly, Peter C., RCP</td>
<td>0117-004641</td>
<td>Arlington, VA</td>
</tr>
<tr>
<td>Keverline, Michael R., MD</td>
<td>0101-230614</td>
<td>Chesapeake, VA</td>
</tr>
<tr>
<td>Knapp, Renda K., MD</td>
<td>0101-238797</td>
<td>Kingsport, TN</td>
</tr>
<tr>
<td>Kolnik, Sarah E., MD</td>
<td>0101-253168</td>
<td>Arlington, VA</td>
</tr>
<tr>
<td>Lagasse, Joshua D., PA</td>
<td>0110-002540</td>
<td>Virginia Beach, VA</td>
</tr>
<tr>
<td>Name</td>
<td>License No.</td>
<td>Address</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Lamberson, Faith N., PA</td>
<td>0110-001957</td>
<td>Williamsburg, VA</td>
</tr>
<tr>
<td>Lin, Michael T., MD</td>
<td>0101-102494</td>
<td>Warrenton, VA</td>
</tr>
<tr>
<td>Massumi, M. M., MD</td>
<td>0101-047873</td>
<td>Towson, MD</td>
</tr>
<tr>
<td>Match, Joel W., MD</td>
<td>0101-040957</td>
<td>Falls Church, VA</td>
</tr>
<tr>
<td>McBride, Timothy O., MD</td>
<td>0101-229648</td>
<td>Big Stone Gap, VA</td>
</tr>
<tr>
<td>McKay, Theresa M., MD</td>
<td>0101-235178</td>
<td>La Porte, TX</td>
</tr>
<tr>
<td>McMahon, Michael T., DO</td>
<td>0102-203355</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>McNamara, Joseph G., MD</td>
<td>0101-039965</td>
<td>Massanutten, VA</td>
</tr>
<tr>
<td>Name</td>
<td>Code</td>
<td>Address</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Meredith, Margaret L., DPM</td>
<td>0103-000830</td>
<td>Pearisburg, MD</td>
</tr>
<tr>
<td>Miller, Richard G., DO</td>
<td>0102-202003</td>
<td>Troutville, VA</td>
</tr>
<tr>
<td>Mirczak, John A., MD</td>
<td>0101-025304</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Mohanty, Nibedita, MD</td>
<td>0101-045978</td>
<td>Stafford, VA</td>
</tr>
<tr>
<td>Mountcastle, Timothy S., MD</td>
<td>0101-239935</td>
<td>Ashburn, VA</td>
</tr>
<tr>
<td>Nayyar, Rashid, MD</td>
<td>0101-231228</td>
<td>Springfield, VA</td>
</tr>
<tr>
<td>Name</td>
<td>License</td>
<td>Date</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Niazi, Saifullah K. MD</td>
<td>0101-024968</td>
<td>08/29/13</td>
</tr>
<tr>
<td>Ong, Joseph G., MD</td>
<td>0101-241554</td>
<td>06/24/13</td>
</tr>
<tr>
<td>Perini, Michael A., MD</td>
<td>0101-230768</td>
<td>05/31/13</td>
</tr>
<tr>
<td>Pittaluga, Juan M., MD</td>
<td>0101-050179</td>
<td>07/19/13</td>
</tr>
<tr>
<td>Pole, Shriharsh L., MD</td>
<td>0101-048251</td>
<td>04/11/13</td>
</tr>
<tr>
<td>Pollock, Michael D., DC</td>
<td>0104-000305</td>
<td>05/03/13</td>
</tr>
<tr>
<td>Rand, William K., III, MD</td>
<td>0101-034084</td>
<td>08/21/13</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>City</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Rezba, Benjamin V., MD</td>
<td>0101-024115</td>
<td>Winchester, VA</td>
</tr>
<tr>
<td>Rosario, Olimpia, MD</td>
<td>0101-230251</td>
<td>Jonesboro, AR</td>
</tr>
<tr>
<td>Saado, Walid, MD</td>
<td>0101-050943</td>
<td>Clintwood, VA</td>
</tr>
<tr>
<td>Salsano, Alessio C., MD</td>
<td>0101-035449</td>
<td>Virginia Beach, VA</td>
</tr>
<tr>
<td>Shareghi, Gholamreza, MD</td>
<td>0101-248590</td>
<td>Marshall, MI</td>
</tr>
<tr>
<td>Simon, Derron M., MD</td>
<td>0101-232169</td>
<td>Midlothian, VA</td>
</tr>
<tr>
<td>Name</td>
<td>License#</td>
<td>Address</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Smith, Garrett H., M.D.</td>
<td>0101-242036</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Smith, Robert M., RT</td>
<td>0120-003502</td>
<td>Wirtz, VA</td>
</tr>
<tr>
<td>Soori, Mohammed K.B., MD</td>
<td>0101-237535</td>
<td>New York, NY</td>
</tr>
<tr>
<td>Tetalman, Bruce, MD</td>
<td>0101-052269</td>
<td>Martinez, GA</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Trepiccone, Audrey A., LM</td>
<td>0129-000016</td>
<td>Emporia, VA</td>
</tr>
<tr>
<td>Tynes, William V., II, MD</td>
<td>0101-016018</td>
<td>Norfolk, VA</td>
</tr>
<tr>
<td>VanPala, Henry J., MD</td>
<td>0101-254631</td>
<td>Garner, NC</td>
</tr>
<tr>
<td>Walsh, William K., MD</td>
<td>0101-237419</td>
<td>Salem, VA</td>
</tr>
<tr>
<td>Webster, Karen S., LM</td>
<td>0129-000023</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Name</td>
<td>Date</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Elkton, MD</td>
<td>Weiseman, Jane S., MD</td>
<td>08/26/13</td>
</tr>
<tr>
<td></td>
<td>Blackburg, VA</td>
<td>08/26/13</td>
</tr>
</tbody>
</table>
|               | Williams, Russell W., MD   | 04/09/13   | Privilege to renew license is revoked based on several patient cases of engaging in sexual contact concurrent with and by virtue of the practitioner–patient relationship, and otherwise engaging during the practitioner-patient relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive and that was intended for sexual gratification; failure to diagnose and document clinical condition warranting treatment or indication warranting treatment in three patient cases; unsafe to practice chiropractic with reasonable skill and/or safety due to substance abuse; and engaging in disruptive behavior and/or interactions in a healthcare setting that interfered with patient care and/or could reasonably have been
Winke, Beth M., MD  0101-054160  
Virginia Beach, VA  
04/16/13  
Monetary penalty ($1000) based on failure to perform physical examinations on several patients treating for chronic pain; failure to obtain or request records from prior treatment providers and coordinate care before prescribing narcotics; failure to review/address urine drug screen results when two patients tests indicated medication was not being taken as prescribed; and one patient case of regularly prescribing or authorizing refills of narcotic medications prior to time medications should have been refilled.

Woolard, Douglas W., MD  0101-038235  
Eden Prairie, MN  
08/06/13  
Mandatory suspension based on action taken by the State of Michigan Department of Licensing and Regulatory Affairs.

Yu, Benson W., MD  0101-048810  
Fairfax, VA  
08/29/13  
Summary suspension based on the Board’s finding that continued practice by this individual constitutes a substantial danger to the public health or safety, after receipt of information indicating that the practitioner may have violated certain laws and regulations relating to the practice of medicine and surgery in the Commonwealth.

Zakaria, Hassan, MD  0101-239322  
Norfolk, VA  
08/02/13  
nunc pro tunc  
07/18/13  
Indefinite probation, license subject to terms and conditions, shall comply with HPMP contract based on prescribing hydrocodone on approximately ten (10) occasions in other individual’s names to divert them for personal and unauthorized use; obtaining and receiving Suboxone under false pretenses; possessed and used without a valid prescription morphine and oxycodone.

Zinnanti, William J., MD  0101-250714  
Mountain View, CA  
04/18/13  
Mandatory suspension based on conviction of felony in the United States District Court for the Middle District of Pennsylvania, to wit: One (1) Count of Introducing Adulterated Medical Devices.

The following Radiologic Technologists (“Rad-tech”) or Radiologic Technologists-Limited (“Limited”), Respiratory Care Practitioners, Occupational Therapists or Athletic Trainers were issued a license and a reprimand, based upon practicing without a license for a period of time:

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkire, Cali J., OTA</td>
<td>0131-001141</td>
<td>04/17/13</td>
</tr>
<tr>
<td>Boyd, Denni L., OTA</td>
<td>0131-001147</td>
<td>04/29/13</td>
</tr>
<tr>
<td>Brooks- Ford, Kira, RT</td>
<td>0120-007560</td>
<td>07/16/13</td>
</tr>
<tr>
<td>Hogan, Tawny L., OTA</td>
<td>0131-001152</td>
<td>05/09/13</td>
</tr>
<tr>
<td>Ivey, Tiffany K., R.T</td>
<td>0120-007526</td>
<td>05/14/13</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Date</th>
</tr>
</thead>
</table>

** Entry was inadvertently omitted from previous Board Brief

[home]