Table of Contents
(hyperlink)

Death Certificates .............................................................................................................. 2

New Laws Effective July 1, 2014 ........................................................................................ 4

Behavior Analyst and Assistant Behavior Analyst Regulations ......................................... 5

Telemedicine ..................................................................................................................... 5

Revive! Saves Lives! ........................................................................................................... 5

Free CME: On Safe Prescribing of Extended-Release and Long-Acting Opioids ........... 6

Virginia Office of the Chief Medical Examiner – Community Service Opportunity ....... 7

Full Board Meeting Minutes ............................................................................................. 8

Executive Committee Meeting Minutes ............................................................................. 17

Advisory Boards Meeting Minutes ................................................................................... 

Current Total Number of Licensees ................................................................................. 21

Board Decisions ................................................................................................................ 23

Full Board Members ......................................................................................................... 29

Advisory Board Members ................................................................................................. 30
DEATH CERTIFICATES

The Virginia Department of Health, the Office of the Chief Medical Examiner, and the Board of Medicine coordinated on the following letter. Please give it your close attention. The link at the end of the letter takes you to the Frequently Asked Questions about filling out death certificates.

August 1, 2014

Title: Completion of Death Certificates

Dear Clinician,

Many of you assist grieving families and assure that your patients’ death certificates are completed in a timely manner. For that we thank you. However, there continue to be pockets of reluctance among some physicians to sign a death certificate which impacts families seeking the authority to proceed with the burial or cremation of a loved one.

Some of your patients will die at home and the family will need you to sign their loved one’s death certificate as your last act of patient care. Of the 56,795 natural deaths occurring in Virginia during 2012, approximately 31% occurred at home. When a death occurs outside of a medical care facility (hospital, nursing home, etc.) local law enforcement often investigates the death to determine if there is evidence of an unnatural death (homicide, suicide, accident). Law enforcement may report these deaths to the medical examiner to allow them to confirm that the death is not a medical examiner case.

Most deaths that occur at home are not medical examiner cases. They are natural deaths from the typical chronic, progressive, or degenerative diseases such as hypertensive cardiovascular disease, atherosclerotic cardiovascular disease, diabetes, chronic obstructive pulmonary disease, or malignancy. For natural deaths, any health care provider who saw the patient or provided care (e.g., prescribed medication) for a patient’s chronic illness or condition within the year prior to death is best informed to identify the “most probable” underlying cause of death and sign the death certificate.

The death certificate serves many extremely important purposes for the survivors of the deceased. This permanent legal record of vital information including demographics and the cause and manner of death is required for settling necessary affairs such as:

- Burial or cremation
- Accessing and/or closing bank accounts
- Probation of a will
- Estate settlement
- Obtaining proceeds from life insurance policies

**Failure to provide a signed death certificate in the timely manner prescribed by law may subject you to a complaint against your professional license.**

Sometimes misconceptions by health care providers make them reluctant to sign a death certificate. The following questions are the most frequent areas of confusion.

- **Who can sign a death certificate?**

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

• What if I don’t know the exact cause of death?

Virginia law clearly states that if a death is natural, health care providers are to determine the most likely cause of death to the best of their ability. If they are uncertain about the cause of death, they should use their best medical judgment to certify a reasonable cause of death. While not mandatory, an autopsy may be performed, with authorization of the decedent’s next of kin, by any hospital or private pathologist to document disease processes when the death is natural.

• Can I be sued for incorrect certification of cause of death?

According to Virginia law, a physician, nurse practitioner, or physician assistant who determines the cause of death and signs the death certificate, in the absence of gross negligence or willful misconduct, is immune from civil liability (§32.1-263).

• Where can I get further assistance?

  o A link to a short presentation on how to complete a Virginia death certificate is posted on the Department of Health Professions website or at the following address: http://tinyurl.com/vdhdeathcertificationcourse.
  o Local health district directors are your primary point of contact for questions about natural death certificate completion. Their contact information can be found at http://www.vdh.virginia.gov/LHD/index.htm.
  o Questions concerning possible medical examiner cases should be directed to the District Office of the Chief Medical Examiner serving your locality (contact information available at http://www.vdh.state.va.us/medExam/ContactUs.htm). FAQ’s posted at http://www.dhp.virginia.gov/medicine/dcfaq.htm

• What are the legal consequences of failure to sign a death certificate for a patient who I have treated and who dies a natural death outside of a medical care facility?

  o Possible complaint to and investigation by Board of Medicine regarding possible professional misconduct.
  o Possible civil action related to professional practice.
  o Possible criminal charges under §32.1-27 for failure to comply with any regulation or order of the Board of Health or the Commissioner.

Thank you for making a difference in the lives of all Virginians faced with the loss of a loved one by completing this important final act of patient care. Please share this letter widely with other colleagues who may benefit from this information. http://www.dhp.virginia.gov/medicine/dcfaq.htm
EW LAWS EFFECTIVE JULY 1, 2014

HB539 Prescription Monitoring Program - [http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-2523.2](http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-2523.2) - Any prescriber authorized to access the PMP may delegate such authority to a healthcare professional that is licensed, registered or certified by a Department of Health Professions regulatory board, or licensed in another jurisdiction and employed at the same facility under the direct supervision of the prescriber.

HB541 Declaration of Medically and Legally Dead - [http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-2972](http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-2972) - This bill removes the requirement for a second physician other than the expert in neurology, neurosurgery, electroencephalography or critical care medicine to determine whether a patient is legally dead.

HB 1129 Physician Assistants & Fluoride - [http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-3408](http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-3408) - A physician assistant may apply topical fluoride varnish to the teeth of children aged 6 months to 3 years when ordered by a physician or dentist.

HB1249/SB294 – Prescription Monitoring Program Required - [http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-2522.1](http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-2522.1) - All prescribers licensed to treat humans must sign up with the Prescription Monitoring Program. If a prescriber anticipates putting a patient on a benzodiazepine or an opiate for 90 days or more, the prescriber must check the Prescription Monitoring Program. Periodic checks thereafter are encouraged.

HB190 Athletic Trainers - [http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-3408](http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-3408) – Pursuant to a written or oral order or standing protocol from a prescriber, an athletic trainer may possess and administer oxygen for use in emergency situations.

HB191 Chiropractors & Physician Assistants - [http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+8.01-401.2](http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+8.01-401.2) - Chiropractors, if qualified, may testify as an expert witness in relation to diagnosis, prognosis, treatment and treatment plan. Physician assistants, if qualified, may testify as expert witnesses within their scope of practice.

HB926 Behavior Analysts & Assistant Behavior Analysts - [http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0584](http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0584) - This bill creates an Advisory Board on Behavior Analysis and creates a student exemption for behavior analysts in training. It also creates an exemption for unlicensed individuals that are providing behavior analysis inschools when the tasks are performed as part of the regular duties of the position; there is no additional compensation for the behavior analysis tasks, and the individual does not claim to be a behavior analyst

SB203 OT Applicant Practice - [http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-2956.5](http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+54.1-2956.5) - This bill revises the Code such that a graduate of an OT program or an OT Assistant program may practice until he/she receives a failing score on the licensing exam, or for 6 months, whichever comes first.

HB478 Emergency Custody – [http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0761](http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0761) - This bill extends the time that a person may be held pursuant to an emergency custody order from four hours to eight hours. The bill also provides that a representative of the law enforcement agency that takes the person into emergency custody or executes an emergency custody order must notify the local community services board as soon as practicable after the person is taken into custody or the order is executed. The bill also requires that a person who is the subject of an emergency custody order or temporary detention order be given a written summary of the procedures and statutory protections associated with such custody or detention. Finally, the bill directs the Governor's Mental Health Task Force to study issues associated with law enforcement's involvement in the admission process and make recommendations designed to reduce the burden on law-enforcement resources.
HB 612 Genetic counselors -  [http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0010](http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0010) - This bill establishes the profession of genetic counseling, an Advisory Board on Genetic Counseling and basic criteria for licensure and regulation.

HB 893 Anatomic pathology services – [http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0081](http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0081) - This bill prohibits any increase in the actual cost of an anatomic pathology service by a physician who orders but does not perform the service. The actual cost of the service is determined by the amount billed to the ordering practitioner by the provider who performed the service. Anatomic pathology services include “gross or microscopic examination and histological processing of human organ tissue; the examination of human cells from fluids, aspirates, washings, brushings or smears, or other subcellular or molecular pathology services. This definition does not include clinical laboratory services. The law does allow a provider to separately bill a fee for “specimen collection and transportation”.

SB 328 Surgical technologists and assistants – [http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0531](http://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0531) - This bill establishes the professions of surgical assisting and surgical technology and requires the Board of Medicine to maintain a registry of qualified individuals.

**Behavior Analyst and Assistant Behavior Analyst Regulations**

The current regulations governing the practice of behavior analysis can be found at: [http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm](http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm). Should you have any questions, you can contact Bradley Verry at the Board at: Bradley.verry@dhp.virginia.gov

**ELEMEDICINE**

The Board of Medicine will convene an Ad Hoc Committee on Telemedicine on October 1, 2014 in Richmond. The purpose of the meeting will be to review the clinical and technological capabilities of telemedicine and to identify the principles of the practice of safe telemedicine. These principles will be incorporated into a Board guidance document that will inform the public, licensees, the media and other interested parties of the Board’s stance on telemedicine. The meeting will be open to the public, and public comment will be taken at the top of the meeting.

**REVIVE! Saves Lives!**

Preliminary information for 2013 from the Office of the Chief Medical Examiner indicates that 648 individuals died from opiate overdose and the number of deaths from heroin alone more than doubled between 2011 (101) and 2013 (213). Unfortunately, these numbers reflect a national trend of increased use of opiate-based drugs and increased numbers of fatal overdoses.

To help prevent these deaths, the 2013 Session of the General Assembly enacted HB1672 which required DBHDS to establish a pilot program to put naloxone, a medication that reverses opiate overdose, in the hands of friends and family members of individuals who are at risk for overdose due to possibly misusing prescription opiate pain medication or using heroin. Naloxone is a medication which has been in use Emergency Medical Technicians for years to reverse opiate overdose. To implement this legislation, the Office of Substance Abuse Services has been working with the Department of Health (VDH), the Department of Health Professions (DHP), and members of the recovery community and law enforcement to design and implement REVIVE!, in key pilot areas (SW Virginia and metropolitan Richmond).
So far, REVIVE! has trained 188 lay rescuers and 61 trainers to use naloxone to save the life of a person who is overdosing from an opiate. If you are interested in learning more about REVIVE!, contact Jason Lowe in the Office of Substance Abuse Services at (804)786-3906 or at jason.lowe@dbhds.virginia.gov.

FREE CME: ON SAFE PRESCRIBING OF EXTENDED-RELEASE AND LONG-ACTING OPIOIDS

Over the last two decades, the use of opioids for the treatment of chronic, non-cancer pain has increased significantly. Opioids are very potent analgesics that may work when other approaches to treating a patient’s pain have failed. But the use of these drugs introduces risks, which include misuse, abuse, addiction, overdose, diversion, and death.

A number of long-acting preparations of opioid analgesics are now available to prescribers that treat chronic pain. A growing body of evidence suggests that these compounds require prescribers to have special knowledge about their use to provide the greatest safety and benefit to their patients.

To provide prescribers with comprehensive, up-to-date training and educational resources, a free, online CME activity for prescribing ER and LA opioid medications is now available at www.fsmb.org/safeprescribing. The "Extended-Release and Long-Acting Opioids: Assessing Risks, Safe Prescribing” activity is offered FREE and qualifies for Continuing Medical Education AMA PRA Category 1 Credit(s)™ and AOA Category 2B Credit(s).

Developed and implemented by the University of Nebraska Medical Center, Center for Continuing Education, Federation of State Medical Boards (FSMB) and the FSMB Foundation, CECity, and The France Foundation, “ER/LA Opioids: Assessing Risks, Safe Prescribing” provides the help clinicians need.

About the program:
- Content based on the work of the nation’s leading experts in opioid prescribing and patient risk assessment
- FREE, user-friendly online webinar and other resources that can be accessed at any time
- Strong emphasis on better understanding opioid prescribing and building risk assessment into prescribing practices
- Six clinical-practice modules offer a consistent and reliable approach to safe prescribing

What you’ll learn:
- How to appropriately assess patients for the treatment of pain with ER/LA opioid analgesics, including analyzing risks versus potential benefits
- How to assess patients’ risk of abuse, including substance use and psychiatric history
- How to identify state and federal regulations on opioid prescribing
- Effective strategies for starting therapy, modifying dosing or discontinuing use of ER/LA opioid analgesics in patients with pain
- New ways of managing ongoing therapy with ER/LA opioid analgesics
- How to incorporate effective counseling of patients and caregivers
- Valuable product-specific drug information related to ER/LA opioid analgesics

How to participate:

To participate in this FREE online CME activity, please visit www.fsmb.org/safeprescribing. For more information about the program, contact the Federation of State Medical Boards at kalfred@fsmb.org or (817) 868-5160.

Prescribers can also access the Medical Society of Virginia Foundation’s free online CME-- What Prescribers Need to Know About Opioids.

Virginia Board of Medicine

Newsletter #76

Page | 6

Boston University also offers free CME for prescribers of opioids at https://www.scopeofpain.com/

**VIRGINIA OFFICE OF THE CHIEF MEDICAL EXAMINER – COMMUNITY SERVICE OPPORTUNITY**

![Image of Virginia Office of the Chief Medical Examiner]

**Virginia Office of the Chief Medical Examiner**

Compensated Community Service Opportunity
As a Local Medical Examiner

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

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

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

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

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

June 19, 2014  
Department of Health Professions  
Henrico, VA

CALL TO ORDER:  
Dr. Mackler called the meeting of the Board to order at 8:39 A.M.

ROLL CALL:  
Ms. Dundon called roll. A quorum was established.

MEMBERS PRESENT:  
Stuart Mackler, MD, President  
Wayne Reynolds, DO, Vice-President  
Kenneth Walker, MD, Secretary-Treasurer  
Syed Ali, MD  
Barbara Allison-Bryan, MD  
Randy Clements, DPM  
Lori Conklin, MD  
Deborah DeMoss Fonseca  
Frazier Frantz, MD  
David Giammitorio, MD  
Robert Hickman, MD  
Lorri Kleine, JD  
Kevin O’Connor, MD  
Ray Tuck, DC

MEMBERS ABSENT:  
Siobhan Dunnavant, MD  
Kamlesh Dave, MD  
Irina Farquhar, PhD

STAFF PRESENT:  
William L. Harp, MD, Executive Director  
Barbara Matusiak, MD, Medical Review Coordinator  
Alan Heaberlin, Deputy Executive Director, Licensing  
Colanthia Morton Opher, Operations Manager  
Marilyn Dundon, Discipline Support Specialist  
David E. Brown, DC, DHP Director  
Jaime Hoyle, JD, DHP Chief Deputy Director  
Elaine Yeatts, DHP Senior Policy Analyst  
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:  
Mike Jurgensen, MSV  
Jerry Canaan, MSV/HDJN  
Carol Russek, JD
EMERGENCY EGRESS PROCEDURES

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

APPROVAL OF THE February 20, 2014 MINUTES

Dr. O’Connor moved to accept the minutes of February 20, 2014. The motion was seconded and carried unanimously.

MOMENT OF SILENCE

The Board observed a moment of silence in memory of citizen board member Jane Maddux.

APPROVAL OF THE AGENDA

Dr. Harp requested that the agenda be amended to include discussion of test results for occupational therapy licensed applicants and the presentation of a summary suspension by James Schliessmann, AAG.

Dr. Walker moved to accept the agenda as amended. The motion was seconded and carried unanimously.

INTRODUCTION OF CHIEF DEPUTY DIRECTOR – JAIME HOYLE, JD

Dr. Harp briefly introduced Jaime Hoyle and then asked Dr. Brown to make more detailed comments. Dr. Brown, DHP Director, introduced himself to the Board and advised that in 1997 he was a member of the Board of Medicine and it’s good to be back. He said that it has been very busy since his arrival, and that one of the smartest things he’s done was to hire Jaime Hoyle as the Chief Deputy Director. Ms. Hoyle comes to DHP from the Joint Commission on Health Care and has a lot of familiarity with the issues that DHP and the boards face.

Ms. Hoyle said that she looks forward to sharing her knowledge, experience and enthusiasm with the Board.

PUBLIC COMMENT ON AGENDA ITEMS

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

There was no public comment on agenda items.
NEW BUSINESS

DHP DIRECTOR’S REPORT

Dr. Brown reported that the agency-wide training event held May 14 -15 was very informative and well-received. It served as an opportunity to bring the field investigators in-house and conjunctively discuss ways to work as effectively as possible. He said the next new Board member training is slated to be held this fall and could potentially include 180+ gubernatorial appointees.

Dr. Brown mentioned some of the key issues at the agency, including being one of five states participating in studying licensure for veterans returning to civilian life. He stated that strategies are being developed to allow boards to recognize and use a veteran’s military training and expertise to satisfy some of the requirements for licensure.

Dr. Brown then offered his thanks to the Board members for their time, dedication and the work they were doing to protect the public.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT’S REPORT

Dr. Mackler announced that he, along with Dr. Reynolds, attended FSMB’s annual meeting in Denver. Dr. Mackler was appointed to the Education Committee. Dr. Reynolds was re-appointed to the Editorial Committee. Mr. Heretick, past Virginia Board President, was appointed to the Executive Committee of the FSMB Board of Directors. Valerie Hoffman, DC, immediate past Virginia Board President, ran for the FSMB Board of Directors as a citizen member, but unfortunately lost by one of the smallest margins ever recorded.

Dr. Mackler announced with sadness that Dr. Hickman’s term will be expiring on June 30th and presented him with a plaque commemorating his service to the Board. Dr. Mackler said that Dr. Hickman demonstrated the three most important attributes of a Board member: 1) he always shows up, 2) he’s always well prepared, and 3) he takes what he learns and applies it at his next hearing.

VICE-PRESIDENT’S REPORT

Dr. Reynolds advised that the FSMB meeting went well, and Virginia was well-represented.

Dr. Walker asked for a point of clarification regarding the guidelines on how many Board members can attend professional meetings.

Dr. Brown commented that he believes it is important for members of all DHP boards to attend meetings that will make them more competent and efficient in their roles at DHP. He also believes that Board members taking on leadership roles in national organizations is a good way to build a stronger Board of Medicine. While he is not the final level of approval for national meetings, he will serve as an advocate if the travel appears justified.

SECRETARY-TREASURER’S REPORT

Dr. Walker had no report.
EXECUTIVE DIRECTOR’S REPORT

• Revenue and Expenditures Report

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

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

• Enforcement and APD Hours

Dr. Harp reviewed the Board’s Administrative Proceedings Division hours and Enforcement Division hours for July 2013 - April 2014.

• Health Practitioners’ Monitoring Program Statistics

Dr. Harp noted the total number of Medicine participants in the program to be 114.

• Letter of Response to Dr. Gormley

Dr. Harp referred to the correspondence from William T. Gormley, MD, Chief Medical Examiner, in which Dr. Gormley asked the Board to require that health care providers writing Schedule II-IV drugs register for and use Virginia’s Prescription Monitoring Program as a condition of licensure. The response provided to Dr. Gormley advises him of HB1249 which will require all prescribers licensed to treat humans to register with the Prescription Monitoring Program by July 1, 2015.

Dr. Brown said that the use of the PMP by so many practitioners and pharmacists has resulted in an overall decrease in overprescribing.

• Ms. Stone – Petition for Rule-Making Response

Dr. Harp referred to the correspondence from Leslie Stone requesting a withdrawal of her Petition for Rule-Making. Ms. Stone asked to withdraw because the Advisory Board on Acupuncture discussed and suggested a more comprehensive regulatory change to allow graduates of programs in ACAOM candidacy be licensed, which also addressed her concern.

• Ms. Salomon – Letter Regarding Overuse of Antibiotics and Responses

Dr. Harp advised that Ms. Salomon communicated to the Board of Pharmacy her concern about the overuse of antibiotics to treat acute sinusitis and requested yearly prescribing education for practitioners.

Ms. Salomon was encouraged to contact her legislative representatives as any limitations placed on prescribing authority would require a change in the law.
• **Ad Hoc on Telemedicine**

Dr. Harp reminded the members that in February they voted to establish an Ad Hoc on Telemedicine. He advised that he and Dr. O’Connor attended C-Tel’s conference in April and that this issue is moving very rapidly.

Dr. Harp said to expect legislation in the 2015 Session of the General Assembly and suggested that the development of a guidance document may be a useful tool for legislators as they consider the issues involved in the practice of telemedicine.

**COMMITTEE AND ADVISORY BOARD REPORTS**

Dr. Mackler reviewed the Committee assignments.

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

**OTHER REPORTS**

**Assistant Attorney General**

Ms. Barrett provided an update on the two ongoing suits against the Board.

Ms. Barrett asked that members forward to her or to Board staff any correspondence they receive in regards to these suits.

**Board of Health Professions**

There was no report.

**Podiatry Report**

Dr. Clements had no report.

**Chiropractic Report**

Dr. Tuck had no report.

**Committee of the Joint Boards of Nursing and Medicine**

There was no report.

Dr. Reynolds moved to accept the reports as presented. The motion was seconded and carried unanimously.
REGULATORY AND LEGISLATIVE ISSUES

• Chart of Regulatory Actions

Ms. Yeatts provided an update on the status of pending Board of Medicine regulations. Dr. Jennifer Lee, Deputy Secretary of Health and Human Resources and former Board of Medicine member, will be one of DHP’s contacts in the Secretary’s office regarding regulations.

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

• Report from the 2014 General Assembly

Ms. Yeatts presented an updated report on the 2014 Session of the General Assembly noting those bills that affected the professions regulated by the Board. Ms. Yeatts highlighted the “Update of Physician Workforce Shortage” (House Document 2) and a letter of request from the Chair of the Joint Commission on Health Care. The request is that DHP convene a workgroup to consider a mid-level provider license for persons that are licensed to practice medicine in another country but do not meet Virginia’s requirements for licensure. The workgroup is also asked to consider a mid-level license for medical school graduates that do not match or have a year of postgraduate training.

Ms. Yeatts advised that a representative from the Board of Medicine is to be included on that workgroup.

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

• Response to Petition for Rule-Making

Ms. Yeatts reviewed Ms. Cressel’s petition for rule-making in which she asks that 18VAC85-20-90-Pharmacotherapy for Weight Loss be amended to allow nurse practitioners to prescribe without the patient first being seen by a physician.

Dr. Reynolds moved to amend 18VAC85-20-90-Pharmacotherapy for Weight Loss by fast-track action to include nurse practitioners and physician assistants under their collaborative agreements with physicians to prescribe all II-VI prescriptive medications. Dr. Clements seconded the motion and the floor was opened for discussion.

There was some concern expressed about this being an isolated drug regimen and the Board’s micromanagement of such, also what doors may be opened by a singular voice.

Dr. Frantz said that the regulation is dated. There are more medications being used for weight loss today and the regulations at issue are very narrow. He stated that both nurse practitioners and physician assistants are qualified to write these drugs.

After discussion, the motion carried; 11 to 3 with Dr. O’Connor, Dr. Frantz, and Ms. DeMoss Fonseca opposing.
End of USMLE Step 3 Sponsorship

Dr. Harp advised that the USMLE program will discontinue state medical board sponsorship for Step 3 on July 14, 2014. He drew the Board’s attention to the contract between the Board and the USMLE program which would essentially be rendered ineffective by the decision to end state board sponsorship. The Board was asked to agree by vote that the contract be dissolved without reservation and without further action necessary.

Dr. Hickman moved to allow the agreement between USMLE and the Board of Medicine entered into February 7, 2003 to lapse. The motion was seconded and carried unanimously.

Guidance Document 85-9

Dr. Harp reminded the Board that at its October 24, 2013 meeting, it approved the development of a guidance document that states the Board’s policy on USMLE Step attempts.

The Board unanimously reaffirmed the position of the guidance document.

Draft of Interstate Medical Licensure Compact

Dr. Harp noted that Dr. Chaudhry recently distributed a revised draft for the Interstate Medical Licensure Compact and reviewed the eight consensus principles that underlie the compact.

After a brief discussion, Dr. Reynolds moved to refer further discussion of the compact to the Legislative Committee. The motion was seconded and carried unanimously.

LICENSING REPORT

- Licensee Count

Mr. Heaberlin provided the licensee count for this fiscal year. In addition, he updated the Board about the start up of VeriDoc on April 18th and said that VeriDoc had processed approximately 200 verifications by the second week of June.

- Credentials Committee Business Meeting

Mr. Heaberlin advised that there was a need to have a meeting of the Credentials Committee for the purpose of discussing regulations and licensure requirements. July 23rd is the proposed date. The recommendations of the Credentials Committee will be presented to the Executive Committee on August 1.

Mr. Heaberlin also advised that staff is working on changes to other processes for the sake of efficiency, one being address changes. With the blessing of the Board, staff will require that address changes be submitted electronically directly from the practitioner.

Dr. Hickman, current Chair of the Credentials Committee, encouraged the business meeting stating that review of the regulations would benefit the licensing process and also the special conferences with applicants.
• Chapter 252 – Act to amend and reenact §54.1-2956.5 of the Code of Virginia, relating to occupational therapy practice as therapist applicant or therapist assistant applicant

Mr. Heaberlin suggested that 18VAC85-80-45 Practice by a Graduate Awaiting Examination Results be amended to mirror the change made in the Code of Virginia.

Dr. Ali moved that 18VAC85-80-45 be amended to reflect the change made to the referenced Code. The motion was seconded and carried unanimously.

DISCIPLINE REPORT

In Ms. Deschenes’ absence, Dr. Harp reviewed the cases open as of June 6th. Dr. Harp expressed his thanks to Dr. Matusiak and the Board members for staying ahead of the curve by closing more cases than received.

NOMINATING COMMITTEE REPORT

Dr. Hickman announced the slate of officers. Wayne Reynolds, DO for President, Kenneth Walker, MD for Vice-President, and Barbara Allison-Bryan, MD for Secretary/Treasurer.

Dr. Mackler opened the floor for any other nominations. Hearing none, the floor was closed.

Dr. O’Connor moved to accept the slate as presented. The motion was seconded and carried unanimously.

The Board called for a break at 10:27 a.m., the meeting resumed at 10:40 a.m.

SUMMARY SUSPENSION PROCEEDINGS

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

The case of Dwight Bailey, MD was presented by James Schliessmann, AAG and Tracy Robinson. Dr. Reynolds moved to summarily suspend; the motion was seconded by Dr. O’Connor. The vote was unanimous.

2015 PROPOSED MEETING DATES

Dr. Mackler noted the proposed meeting dates of 2015 and asked about any major conflicts.

No major conflicts were noted.

REMINDERS PAGE

Travel vouchers for today’s meeting should be submitted no later than March 24, 2014.
CREDENTIALS COMMITTEE RECOMMENDATION

Mr. Heaberlin provided the Recommendation of the Credentials Committee for an applicant seen by the Committee on March 19, 2014. Mr. Heaberlin advised that the applicant is asking the Board to accept his withdrawal and provided a letter from the applicant for the Board’s review.

Dr. Walker moved to deny the request to withdraw; Dr. Allison-Bryan seconded. The motion passed unanimously.

Dr. Reynolds moved to accept the Credentials Committee’s recommendation to deny a license to this applicant; Dr. Giammittorio seconded. The motion passed unanimously.

PASSING OF THE GAVEL

Dr. Mackler said that it has been a pleasure to work with Dr. Harp and staff and encouraged all to continue their good work.

ANNOUNCEMENTS

There were no announcements.

Adjournment: With no other business to conduct, the meeting adjourned at 11:00 a.m.

Stuart Mackler, M.D.  William L. Harp, M.D.
President, Chair  Executive Director

Colanthia M. Opher
Operations Manager/Recording Secretary
CALL TO ORDER: The meeting convened at 8:46 a.m.

MEMBERS PRESENT: Kenneth Walker, MD, Vice-President & Chair
Randy Clements, DPM
Deborah DeMoss Fonseca
Lorri Kleine, JD
Stuart Mackler, MD

MEMBERS ABSENT: Barbara Allison-Bryan, MD, Secretary-Treasurer
Wayne Reynolds, DO, President
Ray Tuck, Jr., DC

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

OTHERS PRESENT: W. Scott Johnson, JD, HDJN
Zeeshan Faroqui, MD, VCU Psychiatry PGY-4
Joshua Chandy, D.O., VCU Psychiatry PGY-4

Call to Order
Dr. Walker called the meeting to order.

Roll Call
At roll call, a quorum of 5 was not established as Ms. DeMoss Fonseca was still en route.

Emergency Egress Procedures
Dr. Walker provided the emergency egress procedures.

Public Comment on Agenda Items
Dr. Walker welcomed the public in attendance and opened the floor for comment.

There was no public comment.
DHP Director’s Report—David E. Brown, DC

Dr. Brown informed the Committee that a campaign to promote the Prescription Monitoring Program (PMP) and the safe prescribing of opioids was underway. He asked that the Board work with Ralph Orr on the development of presentation materials that would not only be utilized by PMP, but also made available to all of the Boards for use at hospital grand rounds, medical societies, and any other venue that will get the message out about what an important tool the PMP is.

Dr. Brown noted that, due to utilization of the PMP, the number of patients that have seen 10 or more practitioners or received 10 or more opioid prescriptions in a specified timeframe has decreased significantly.

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

Revenue and Expenditures Report

Dr. Harp advised that the Board remains in good financial standing with a cash balance of $9.2 million as of June 30, 2014.

Dr. Harp also reminded the Committee that the 14% one-time reduced renewal fee is currently in effect until December 2015.

Enforcement and APD Hours

Dr. Harp reported that Board’s utilization of Enforcement hours is up by approximately 200 per month this past year, which roughly equates to 1.5 FTEs.

Dr. Harp noted that for years Medicine has used the lion’s share of APD services. The Board’s APD hours have increased by approximately 100 per month in the last year. Medicine uses 42.6% of APD’s total hours.

Health Practitioners’ Monitoring Program

Dr. Harp announced that there are currently 110 Board of Medicine licensees participating in the program.

Compounding Workgroup

Dr. Harp advised that he, Dr. Brown, and Ms. Yeatts recently attended a Compounding Workgroup led by the Board of Pharmacy. The Board of Pharmacy has been required by 2014 legislation to convene a workgroup to explore and clarify issues related to the compounding of drugs for human and animal use. Dr. Ali was the Board of Medicine’s representative on the Workgroup.

Dr. Harp noted that it is probably time that the Board of Medicine revisited its definition of immediate use in the Mixing, Diluting or Reconstituting regulations. USP has redefined immediate use to one hour. However, there was discussion at the meeting that manufacturer’s beyond use dates may become the approach that USP will follow, rather than defining immediate use as a specific timeframe.

As a side note to his report, Dr. Harp noted that the Board of Medicine had 24 employees in 2004. Since that time, the Board has added 9 new professions and now has 20 employees when fully staffed. Dr. Harp expressed his thanks to all the Board staff for their continued efficiency in day-to-day operations.
2nd Roll Call

At the arrival of Ms. DeMoss Fonseca, the roll was re-called and a quorum was declared at 9:09 a.m.

Adoption of Agenda

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

Approval of the December 27, 2013 Minutes

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

New Business

Chart of Regulatory Actions

Elaine Yeatts, DHP Senior Policy Analyst, reviewed the Board’s pending regulations as of July 15, 2014. This report was for informational purposes only and did not require any action.

Recommendation for Legislative Proposals

Ms. Yeatts reviewed the draft amendments for §54.1-3021.1 and 54.1-2957.04 relating to restricted volunteer licenses for registered nurses, practical nurses and nurse practitioners. With a thorough presentation by Ms. Yeatts, little discussion by the Committee, motion made by Dr. Mackler and seconded, the Committee approved the draft legislation unanimously.

Adoption of new regulations for registration of Surgical Assistants and Surgical Technologists

Ms. Yeatts noted that the credentials for both professions are specified in law and that the Board has no discretion. However, the Board does bear the responsibility of maintaining a registration record. Ms. Yeatts advised that these regulations can be adopted as a fast-track action.

After discussion, Dr. Mackler moved to adopt the regulations. The motion was seconded and carried 5-0.

Credentials Committee Minutes and Recommendation

Mr. Heaberlin, Ms. Yeatts and Dr. Harp provided an overview of the business meeting of the Credentials Committee from July 23, 2014.

The Executive Committee discussed the recommendations from the Credentials Committee and responded with the following suggested actions.

1. Clerkships done in the United States by international medical students
   Language was approved that amends Section 54.1-2930 to give the Board discretion in evaluating clerkships done in the United States.

2. Required number of years of postgraduate training for licensure
   The Committee affirmed the current number of years for US, Canadian and international medical graduates, but added language to Section 54.1-2930 and Section 54.1-2935 that will require at least 12 months of training had to be successfully completed in one program.

3. Fellowships done by international medical graduates
   Language was adopted for 18VAC85-20-122 that would allow the Board discretion to assess fellowship experiences regardless of whether they were approved by the Accreditation Council on Graduate Medical Education or were not ACGME-accredited.
4. Teaching by international medical graduates
The Committee chose to delete the regulatory language from 18VAC85-20-122 that allows a year in a position teaching medical students or residents to count as a clinical fellowship year.

5. Parameters for passage of USMLE, NBOME and NBPME examinations
The Committee agreed with language for 18VAC85-20-140 that would require an applicant to pass all parts of USMLE or NBOME in ten years, starting with the first attempt, not the first passing score.

6. Form B’s for telepathology and teleradiology
The Committee instructed staff that it could utilize Form B’s from the employers of teleradiologists and telepathologists in lieu of getting Form B’s from every service site.

7. Section 54.1-2933-Licensure of persons who studied in foreign medical schools
With the foregoing amendments to Section 54.1-2935, the Committee agreed to strike this section to achieve uniformity.

8. Section 54.1-2937-Temporary licenses to interns and residents in hospitals and other organizations
The Committee approved the removal of “or chiropractors” as there are presently no internships or residencies in chiropractic in the Commonwealth.

Ms. Yeatts advised that the above recommendations would be prepared as legislation and rule-making as appropriate.

Discipline Report
Ms. Deschenes did not have a report.

Announcements
No announcements

Next scheduled meeting: December 5, 2014

Adjournment: With no other business to conduct, the meeting adjourned at 11:35 a.m.

Kenneth Walker, MD                                      William L. Harp, M.D.
President                                                Executive Director

Colanthia Morton Opher
Operations Manager/Recording Secretary

A dvisory Boards Meeting Minutes (since 7-1-14)

- Advisory Board on Genetic Counselors:
  http://www.dhp.virginia.gov/medicine/medicine_calendar.htm#genetic
## Current Total Number of Licensees
### As of September 2, 2014

<table>
<thead>
<tr>
<th>Profession</th>
<th>Total Number of Licensees</th>
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<tr>
<td>Asst Behavior Analysts</td>
<td>85</td>
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<tr>
<td>Athletic Trainer</td>
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<td>Behavior Analysts</td>
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<td>Chiropractor</td>
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<tr>
<td>Genetic Counselors</td>
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<tr>
<td>Intern &amp; Resident</td>
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<tr>
<td>Licensed Acupuncturist</td>
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<tr>
<td>Licensed Midwife</td>
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<tr>
<td>Ltd. Radiologic Tech</td>
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<tr>
<td>Medicine &amp; Surgery</td>
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<td>Occupational Therapist</td>
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<tr>
<td>Occupational Therapist Asst</td>
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<td>Osteopathy &amp; Surgery</td>
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<td>Respiratory Care</td>
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<td>Restricted Volunteer</td>
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<td>Surgical Technicians</td>
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<td>University Ltd</td>
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<td>Volunteer Registration</td>
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<td><strong>TOTAL</strong></td>
<td><strong>62,268</strong></td>
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The following list contains decisions from March 2014 thru July 2014. You may access these decisions at www.dhp.virginia.gov (select “License Lookup”) or at www.vahealthprovider.com for most MDs, DOs and DPM’s. You may also contact the Board Office at (804) 662-7693 to request a copy.

<table>
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<tr>
<th>NAME AND LICENSE NO.</th>
<th>DATE OF ACTION</th>
<th>March 2014 THRU July 2014 ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luteyn, Joyce, M.D. 0101-252701 Olympia, WA</td>
<td>03/31/14</td>
<td>Compliance with Board Order entered 12/9/2013; terms and conditions terminated, license reflects full and unrestricted status.</td>
</tr>
<tr>
<td>Dean, Jr., Roosevelt, D.O. 0102-202137 King George, VA</td>
<td>03/26/14</td>
<td>Reprimand and license subject to terms and conditions based on the care and treatment of two patients.</td>
</tr>
<tr>
<td>Godette, George A., M.D. 0101-049732 Staunton, VA</td>
<td>03/26/14</td>
<td>Reprimand and license subject to terms and conditions based on the care and treatment of one patient’s surgery involving removal of hardware from pt’s right proximal tibia and right total knee arthroplasty.</td>
</tr>
<tr>
<td>Harrington, Gary C., M.D. 0101-049107 Warren, ARyx</td>
<td>03/26/14</td>
<td>Reprimand. Shall not practice in Virginia until he submits written notification to the Board and appears before a Special Conference Committee, based on action taken by the Maryland State Board of Physicians.</td>
</tr>
<tr>
<td>Akin, Shiloh L., R.C.P. 0117-005032 Hardy, VA</td>
<td>03/20/14</td>
<td>Ordered to provide evidence of entry into the Health Practitioners’ Monitoring Program, and fully comply until he successfully completes the program.</td>
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<tr>
<td>Lawrence, Jr., Richard E., R.C.P. 0117-000496 Saint Stephens Church VA</td>
<td>03/19/14</td>
<td>Mandatorily suspended based on felony conviction.</td>
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<tr>
<td>Cho, Jai, M.D. 0101-034437 Charlottesville, VA</td>
<td>03/31/14</td>
<td>Reprimand; license placed on indefinite probation subject to terms and conditions, based on failure to obtain complete or updated medical histories for eight patients prior to commencing their treatment; prescribing controlled substances without adequate medical indication; and keeping expired medications in the office.</td>
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<tr>
<td>McNamara, Stephen J., M.D. 0101-048938 Charlottesville, VA</td>
<td>03/31/14</td>
<td>Reprimand; license subject to terms and conditions based on prescribing one psychiatric patient a Schedule II substance in high dosages and large quantities on a continuous basis.</td>
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<tr>
<td>Henke, Jeffrey L., M.D. 0101-044578 Newport News, VA</td>
<td>03/28/14</td>
<td>Reprimand; license subject to terms and conditions based on the care and treatment of one patient who was admitted to labor and delivery at 40-40/7 weeks gestation.</td>
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<tr>
<td>Santarsieri, Joseph M., D.C. 0104-555826 Henrico, VA</td>
<td>04/03/14</td>
<td>License summarily suspended based on inability to practice with reasonable skill and safety due to substance abuse.</td>
</tr>
<tr>
<td>Name</td>
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<td>Ginther, Jeffrey P., M.D.</td>
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<td>Niazi, Saifullah K., M.D.</td>
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<td>Richmond, VA</td>
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<td>Olibrice, Norman, M.D.</td>
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<td>Callwood, Kim M., M.D.</td>
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<td>Foley, Maura P., M.D.</td>
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<td>Sewickley, PA</td>
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<td>McDermott, Wayne M. M.D.</td>
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<td>Browning, Harlan L. D.C.</td>
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<td>Morgan, David Lee D.O.</td>
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<td>Kramer, Ralph L., M.D.</td>
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<td>Gehman, John E., M.D.</td>
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<td>Replogle, Corinne R., M.D.</td>
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<td>Bravo, Herbert F., M.D.</td>
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<td>Greene, Richard, M.D.</td>
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<td>Cashion, Tammy D.C.</td>
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<td>Sellman, James E., M.D.</td>
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<td>Abbruzzese, Mark R., MD</td>
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<td>Archibald, Jennifer R., P.A.</td>
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<td>Aslanis, Diane M., DO</td>
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<td>Farmville, VA</td>
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<td>Bergus, Boris O., MD</td>
<td>0101-239003</td>
<td>Rehoboth, MA</td>
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<tr>
<td>Name</td>
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<td>City/State</td>
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<td>Carlson, Michael, MD</td>
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<td>Dillon, Edward C., MD</td>
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<td>Haque, Naveed-Ul, MD</td>
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<td>Bridgeport, WV</td>
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<td>Heydt, David M., MD</td>
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<td>Menet, Matthew W., MD</td>
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<td>Shields, Douglas A., MD</td>
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<td>West-Johnson, Zelda, MD</td>
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<td>Brown, Stephen E., MD</td>
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<td>Young, Charles C., MD</td>
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<td>Bermisa, Arthur V., MD</td>
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<td>Butt, Sanaa Al-Musarrah, MD</td>
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<td>Brooklyn, NY</td>
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<td>Faulhaber, Jason Russell, MD</td>
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<td>Ghazvini, Nasser, MD</td>
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<td>Gilliam, Yemaya Bank, MD</td>
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<tr>
<td>Name</td>
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<td>Date</td>
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<tr>
<td>Gohari, Geeti P., MD</td>
<td>0101-230661</td>
<td>7/18/14</td>
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<td>Hamilton-Milton, Yolanda L., MD</td>
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<td>05/16/14</td>
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<td>07/24/14</td>
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<td>07/28/14</td>
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<tr>
<td>Simon, Derron M., MD</td>
<td>0101-232169</td>
<td>07/28/14</td>
</tr>
</tbody>
</table>
competency evaluation; and aiding and abetting the unlicensed practice of medicine.

Zedd, Arnold J., MD 0101-027587 Alexandria, VA 7/31/14 Compliance with the Board’s Order entered 04/28/11; terms terminated and license restored to full and unrestricted status.

The following Radiologic Technologists (“Rad-tech”) or Radiologic Technologists-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:

<table>
<thead>
<tr>
<th>Name</th>
<th>License</th>
<th>Date</th>
</tr>
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<td>Frick, Katherine A.T.</td>
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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:
# FULL BOARD MEMBERS: 2014-2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Expiration</th>
<th>District</th>
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<tbody>
<tr>
<td>Syed Salman Ali, MD</td>
<td>1st Term Expires June 2016</td>
<td>District: 11 – Vienna</td>
</tr>
<tr>
<td>Barbara Allison-Bryan, MD, Secretary-Treasurer</td>
<td>1st Term Expires June 2016</td>
<td>District: 1 - North</td>
</tr>
<tr>
<td>J. Randolph Clements, DPM</td>
<td>1st Term Expires June 2018</td>
<td>Podiatrist - Roanoke</td>
</tr>
<tr>
<td>Lori D. Conklin, MD</td>
<td>1st Term Expires June 2017</td>
<td>District: 5 – Charlottesville</td>
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<tr>
<td>Kamlesh Dave, MD</td>
<td>1st Term Expires June 2015</td>
<td>District: 4 - Chester</td>
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<tr>
<td>Siobhan S. Dunnavant, MD</td>
<td>1st Term Expires June 2016</td>
<td>District: 7 – Henrico</td>
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<tr>
<td>Irina Farquhar, Ph.D</td>
<td>1st Term Expires June 2015</td>
<td>Citizen Member - Burke</td>
</tr>
<tr>
<td>Deborah DeMoss Fonseca</td>
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<td>Citizen Member - Springfield</td>
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<tr>
<td>Fraizer W. Frantz, MD</td>
<td>Unexpired term Expires June 2015</td>
<td>District: 3 – Norfolk</td>
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<td>David C. Giammiorio, MD</td>
<td>1st Term Expires June 2016</td>
<td>District: 8 - Lorton</td>
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<tr>
<td>The Honorable Jasmine Gore</td>
<td>Unexpired Term Expires June 2017</td>
<td>Citizen Member – Hopewell</td>
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<tr>
<td>Lorri J. Kleine, Esq.</td>
<td>1st Term Expires 2015</td>
<td>Citizen Member – Virginia Beach</td>
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<tr>
<td>Maxine M. Lee, MD</td>
<td>1st Term Expires June 2018</td>
<td>District: 6 - Roanoke</td>
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<tr>
<td>Stuart F. Mackler, MD</td>
<td>2nd Term Expires June 2016</td>
<td>District: 2 - Franktown</td>
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<tr>
<td>Kevin O’Connor, MD</td>
<td>1st Term Expires June 2016</td>
<td>District: 10 – Leesburg</td>
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<tr>
<td>Wayne Reynolds, DO, President</td>
<td>2nd Term Expires June 2016</td>
<td>Osteopath - Gloucester Point</td>
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<tr>
<td>Nathaniel Ray Tuck, Jr., DC</td>
<td>1st Term Expires June 2017</td>
<td>Chiropractor - Blacksburg</td>
</tr>
<tr>
<td>Kenneth J. Walker, MD, Vice-President</td>
<td>1st Term Expires June 2016</td>
<td>District 9 - Pearisburg</td>
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</table>
ADVISORY BOARD MEMBERS

Acupuncture Advisory Board

Lynn Almloff, L.Ac., Vice-Chair
Virginia Beach, VA 23462
Term: 7/1/10 to 6/30/14

Mari K. Eder
Springfield, VA 22150
Term: 7/1/10 to 6/30/14

Floyd M. Herdrich, L.Ac.
Richmond, VA 23227
Term: 7/1/10 to 6/30/14

Elaine Komarow, L.Ac, Chair
Vienna, Va 22182
Term: 7/1/10 to 6/30/14

Chheany W. Ung, MD
Roanoke, VA 24018
Term: 7/1/10 to 6/30/14

Advisory Board on Behavior Analysis

Keri S. Bethune, PhD, BCBA-D
Harrisonburg
1st Term: 7/1/14 to 6/30/17

Amanda A. Kusterer, BCABA
Richmond
1st Term: 7/1/14 to 6/30/16

Kate Lewis, MS, BCBA, LBA
Roanoke
1st Term: 7/1/14 to 6/30/15

Asha Patton Smith, MD
Arlington
1st Term: 7/1/14 to 6/30/16

Genetic Counseling Advisory Board

Heather A. Creswick, MS, CGC, Vice Chair
Richmond
1st Term: 7/1/14-6/30/16

Marilyn Jerome Foust, MD
McLean
1st Term: 7/1/14 to 6/30/17

John M. Quillin, PhD, MPH, MS
Mechanicsville
1st Term: 7/1/14 to 6/30/16

Lori Swain
Alexandria
1st Term: 7/1/14 to 6/30/18

Matthew J. Thomas, ScM, CGC, Chair
Charlottesville
1st Term: 7/1/14 to 6/30/16

Athletic Trainers Advisory Board

Jon Almquist, ATC
Vienna
Term: 7/1/03 – 6/30/11

Mitchell Callis, ATC
Chesapeake
Term Date: 7/1/11 - 6/30/14

Brent L. Arnold, AT, Chair
Goochland
Term Date: 7/1/10 - 6/30/14

Reg E. Roland
Richmond
Term: 7/1/03-6/30/11

Cynthia Su, MD, Vice-Chair
Chesapeake, VA
Term: 7/1/07-6/30/15
Occupational Therapy Advisory Board

Mitch Lovinger, OT, Vice-Chair
Bridgewater, VA 22812
Term: 7/1/11-6/30/15

Eugenio Monasterio, MD, Chair
Mechanicsville, VA
Term Expires 6/30/17

Kathleen C. Smith, OT
McLean, VA 22102
Term: 7/1/11-6/30/15

VACANT

VACANT

Midwifery Advisory Board

Christian A. Chisholm, MD
Charlottesville, VA
Term: 7/1/11 to 6/30/15

Deb McPherson
Lynchburg, VA
Term: 7/1/11-6/30/15

Kim Lane, CPM, Chair
Charlottesville, VA
Term: 7/1/13 to 6/30/17

Kim Pekin, CPM, Vice-Chair
Purcellville, VA
Term: 7/1/11 to 6/30/15

VACANT
Term: 7/1/12 to 6/30/16

Physician Assistant Advisory Board

Rachel A. Carlson, MSDS, PA-C, Chair
Winchester
2nd Term expires 6/30/2018

Eileen Davis, RN
Henrico
1st Term expires 6/30/2018

Thomas Parish, PA-C, Vice-Chair
Virginia Beach
2nd Term expires 6/30/2018

James Potter, MD
Wise
2nd Term expires 6/30/2018

Portia Tomlinson, PA-C
Roanoke
1st Term expires 6/30/2018

Polysomnographic Technology Advisory Board

Debbie Akers, RPSGT - Vice-Chair
Virginia Beach, VA 23454
Term: 7/1/10 to 6/30/14

Marie Quinn
Bon Air, VA 23234
Term: 7/1/10 to 6/30/14

Anna Rodriguez, RPSGT, Chair
Henrico, VA 23226
Term: 7/1/10 to 6/30/14

Michelle Sartelle, RPSGT, RRT
Henrico, VA 23238
Term: 7/1/10 to 6/30/14

Robert Vorona, MD, Vice-Chair
Virginia Beach, VA 23452
Term: 7/1/10 to 6/30/14
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<td><strong>Renee Hess, RT</strong></td>
<td><strong>Sherry Compton, RRT</strong></td>
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<td><strong>Rebecca Keith, RT, Vice Chair</strong></td>
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<tr>
<td>Springfield, VA 22150</td>
<td><strong>Hollee Freeman</strong></td>
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