



ALABAMA State Board of Medical Examiners Medical Licensure Commission

Newsletter and Report

www.albme.org

June – October 2013

Volume 28, Number 2

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Pain Medicine Legislation: An overview

In the 2013 session, the Legislature passed Act 2013-257, pain medicine legislation dealing with the practice of pain medicine and the operation of pain clinics. The legislation is extremely specific and covers everything relative to pain medicine, clinics and practices from ownership and operation of a clinic to the training requirements for the medical director, inspections and investigations, and even includes disciplinary actions and sanctions. The Legislature is concerned with the amount of opioids being prescribed in Alabama and has reacted accordingly.

For you, the practicing physician, it is important to be aware of the parameters of this new legislation. If you are a licensed physician practicing in Alabama and fall into any of the following categories you **MUST** register under the new Alabama Pain Management Act. This Act becomes effective Jan. 1, 2014.

- 1) A physician who advertises or promotes himself/herself as a provider of pain management services;
- 2) A physician who dispenses opioids;
- 3) A physician who provides more than 50 percent of his/her patients with pain management services;
- 4) A physician who is in the top 10 percent of controlled substance prescribers within the state.

Every licensed physician in the state will receive notification from the Board of Medical Examiners (BME) regarding their responsibilities under the new Act. A physician who is in the top 10 percent of the controlled substance prescribers will receive individual notification of their obligation to register with the Board. The BME will utilize the Prescription Data Monitoring Program (PDMP) to determine the top 10 percent of controlled substance prescribers.

see Pain Management, page 6



Saying farewell...

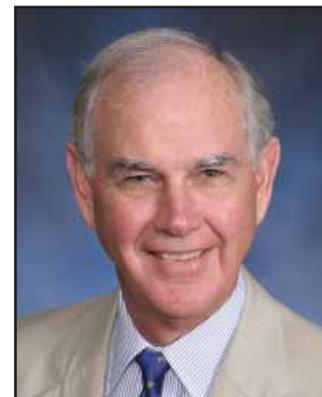
Expressing appreciation for their service, Executive Director Larry Dixon (left) and Chairman George (Buddy) Smith, MD, (right) presented a token of respect to Richard M. Freeman, MD, W. Jefferson Terry, MD, and Juan Johnson, MD, at their last meeting of the Board of Medical Examiners.

A Message from the Executive Director

Nurse practitioner prescribing update

by Larry Dixon, Executive Director

As reported in the previous issue of the newsletter, Senate Bill 229 was proposed in the 2013 Legislature to authorize the Board to issue Qualified Alabama Controlled Substances Certificates (QACSCs) to certified registered nurse practitioners (CRNPs) and certified nurse midwives (CNMs) who are in an approved collaborative practice to prescribe controlled substances in Schedules III, IV and V with the agreement of the physicians with whom the advanced practice nurses collaborate. The bill passed and was enacted as Act 2013-223. Among other requirements under the law, prior to being issued an initial QACSC, the CRNP/CNM must obtain eight CME credits from the course jointly sponsored by the Board and the Medical Association of the State of Alabama, "Prescribing and Pharmacology of Controlled Drugs," and an additional four credits in advanced pharmacology of controlled substances (the BME/MASA course provides all 12 credits). Additionally, four credits every two years in advanced pharmacology are required in order to renew a QACSC. The Board provided prescribing seminars in July at the Wynfrey Hotel in Birmingham, and in August at the Perdido Beach Resort in Orange Beach. Both conferences were sold out. CRNPs and CNMs were so interested in expanding their scope of practice that the Wynfrey conference room had to be expanded to accommodate the 349 nurse practitioners in addition to a large number of physicians. The conference at the Perdido Beach Resort in Orange Beach was also sold out, and was expanded to allow 183 CRNPs/CNMs and 34 physicians. Because of the overwhelming interest, the Board scheduled another 12-hour prescribing seminar for Nov. 22-24. That seminar, "Prescribing Controlled Drugs and ER/LA Opioid REMS," is already sold out. Four courses have been scheduled in 2014 and are set for Jan. 18-19, March 29-30, August 8-10, and November 22-23.



Larry Dixon

In September, during the Alabama Nurse Practitioner Alliance Annual Meeting, those in attendance were advised that, upon being issued a QACSC, registrants will be required to apply for a DEA certificate as well. Federal law requires both a QACSC and a federal DEA registration to legally prescribe controlled substances in Alabama. Board rules also require that any ACSC or QACSC holder must register for the State Department of Public Health's Prescription Drug Monitoring Program (PDMP). Before renewing any ACSC or QACSC, registrants (MDs, DOs, PAs, CRNPs and CNMs) must be registered with the PDMP and hold a valid, current DEA certificate.

The Alabama Board of Medical Examiners is pleased to assist and regulate this very important increase in advanced practice nurses' scope of practice and is convinced the general health and welfare of the public will be enhanced.

Your Medical License

As a physician, your license to practice medicine in the State of Alabama is one of your most important assets. It allows you to apply what you learned during years of school and post-graduate training to earn a livelihood to support your family. Exercise care to protect this asset.

Alabama Board of Medical Examiners

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Alabama BME Annual Report

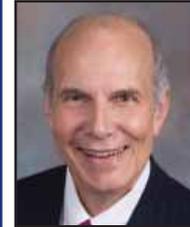
The Board of Medical Examiners and its staff have compiled the following Annual Report for 2012.

A. APPLICANTS CERTIFIED TO MEDICAL LICENSURE COMMISSION	
1. Applicants by endorsement	795
a. Non-disciplinary Citation with Administrative charge.....	14
2. Applicants by examination.....	49
B. APPLICANTS CERTIFIED FOR LIMITED LICENSE	215
C. APPLICANTS TAKING SPEX EXAMINATIONS	
1. Applicants passing examinations	8
2. Applicants failing examinations.....	1
D. APPLICANTS FOR OUT OF STATE ENDORSEMENT	0
E. ADVANCED PRACTICE NURSES (CRNP/CNM)	
1. Certified Registered Nurse Practitioner Collaborations Approved	1,188
2. Certified Nurse Midwife Collaborations Approved	4
F. PHYSICIAN ASSISTANTS	
1. Physician Assistants Licensed.....	75
2. Physician Assistants Registered to Physicians (new applications)	236
3. Physician Assistants Granted Temporary Licensure	28
4. Temporary Licensure Converted to Full Licensure (after passing exam)	28
5. Temporary Licensees Granted Registration	29
6. Anesthesiologist Assistants Licensed.....	1
7. Anesthesiologist Assistants Granted Temporary License.....	0
8. Anesthesia Assistants Registered to Physicians (new applications)	1
9. QACSC Issued	30
10. QACSC Renewed.....	75
G. ACSC ISSUED / RENEWED	
1. ACSC Issued	885
2. ACSC Renewed.....	11,062
H. DISCIPLINARY / CONFIDENTIAL ACTIONS	
1. ACSC Surrender / Revocation / Restriction / Reinstatement	7
<i>Medical Licensure Commission Disposition</i>	<i>2</i>
2. ACSC Restriction Terminated.....	0
3. Certificates of Qualification Denied / Surrendered	4
4. Certificates of Qualification with Agreements / Restrictions	3
5. Letters of Concern	131
<i>Prescribing Related</i>	<i>12</i>
6. Complainant Inquiry Received.....	462
a. Resolved Without Formal Investigation.....	329
b. Inquiry Pending.....	0
c. Formal Investigation Opened.....	133
<i>Prescribing Related</i>	<i>7</i>
d. Formal Investigation Closed with BME Disposition	89
e. Formal Investigation Pending Disposition.....	44
7. Collaborative Practice Inspections	86
8. Collaborative Practice Compliance Seminars	2
9. Interviews Conducted.....	70

see Annual Report, page 4

Welcome New Board Members

The Alabama Board of Medical Examiners extends a warm welcome to the newly elected members of the Board.



Ronald D. Franks, MD, of Mobile, is vice president for health sciences at the University of South Alabama where he also

serves as professor of psychiatry. He is certified by the American Board of Psychiatry and Neurology, and is a Distinguished Life Fellow of the American Psychiatric Association.



Gary F. Leung, MD, of Auburn, is a radiologist at Alabama Imaging, PC, in Montgomery. Dr. Leung serves as president of

the Lee County Medical Society, and as medical director in the Department of Nuclear Medicine at East Alabama Medical Center and Auburn Diagnostic Imaging. He is certified by the American Board of Radiology.



F. Darlene Traffanstedt, MD, of Birmingham, specializes in diabetes and diabetes complications. She is past president

of the Jefferson County Medical Society and is the recipient of the University of Alabama Medical Alumni Association Young Alumni Award in 2013. She is board certified in internal medicine and has been in solo practice for eight years.

Hyperbaric Oxygen Therapy (HBOT) uses and abuses

by William E. Goetter, MD

Hyperbaric Oxygen Therapy (HBOT) may benefit patients with a number of medical conditions as either primary or adjunctive therapy (see table one). Presently the Undersea and Hyperbaric Medical Society recognizes 500 HBOT facilities in the United States with 11 of these in Alabama. Most are associated with wound management hospital based services.

The effectiveness of HBOT relates to the increased dissolved oxygen in plasma. One hundred percent oxygen at 3.0 atm yields sufficient tissue oxygen to meet basal needs irrespective of hemoglobin level. Increased dissolved oxygen reduces tissue hypoxia, vasogenic edema and tissue injury leukocyte influx. This improves wound healing and infection control.

If safety guidelines are strictly followed, the complication rate with HBOT is acceptable and serious complications are rare. In one study of nearly 12,000 treatment episodes, 1,706 of the patients had problems equalizing middle ear pressure. Otopscopically confirmed ear injury occurred in 3.8%. Central nervous system toxicity with seizures occurred in 4, but none had long term sequels. There were no reports of pulmonary oxygen toxicity.

If you gather information regarding HBOT from the internet, you will discover a very large source of claims of benefit in a variety of disorders. Table 2 comes directly from a recent letter from the FDA. Numerous pseudoscientific articles and testimonies support treating conditions unrelated to tissue oxygen lack. There is advertising for such treatment at only a few locations within Alabama.

The Alabama Board of Medical Examiners remains committed to enhancing medical practice while protecting the public.

TABLE 1

From UpToDate

THERAPEUTIC ROLES FOR HYPERBARIC OXYGEN

- Air or gas embolism
- Carbon monoxide poisoning
- Decompression sickness
- Clostridial myonecrosis
- Crush injury and other forms of traumatic ischemia
- Enhanced healing of problematic wounds, including diabetic wounds
- Severe anemia
- Actinomycotic brain abscess
- Necrotizing soft tissue infections
- Refractory osteomyelitis
- Radiation necrosis of soft tissue and bone
- Compromised skin grafts and flaps

TABLE 2

List from 8/23/13 letter from FDA to Alabama Board of Medical Examiners

HBOT NOT INDICATED FOR:

Asthma	Heart Disease
Autism	Migraines
AIDS/HIV	Parkinson's Disease
Cancer	Stroke
Diabetes	

Did you know?

Alabama has a law that protects physicians from malpractice suits while working in clinics with posted notification that their doctors are volunteers.

Malpractice insurance companies such as ProAssurance offer very reasonable policies for physicians practicing volunteer medicine in these clinics.

More information can be obtained from your insurance company.

Annual Report, cont.

10. Administrative Complaints filed with Medical Licensure Commission	66
11. Voluntary Agreements Entered Into	10
12. Voluntary Agreements Terminated	2
13. Voluntary Restrictions on COQ Entered Into	1
14. Voluntary Restrictions Terminated	2
15. Flag File for Reinstatement	6
16. BME Monitoring Contract Entered Into	9
17. BME Monitoring Contract Expired / Terminated	9
18. Physician Monitoring Program - Physician Currently Monitored	29
19. Number monitored since 1990	1,003
20. Non-Disciplinary Board Orders	42
a. Continuing Medical Education	38
<i>Prescribing Related</i>	4
b. Evaluation	4
21. Sent for Expert Review	5
22. Assessments (MLC and BME)	83
a. Administrative Fines	61
b. Administrative Costs	12
23. Summary Suspensions	2
a. Summary Suspension B Suspension Lifted	1
b. Summary Suspension - Expired - Complaint Dismissed	1
23. Voluntary Surrender of Alabama Medical License	3

Physician Health Program reporting requirements

In 1988 a state law, Ala. Code § 34-24-400 through 406, was enacted to establish the Alabama Physician Health Program (APHP). The APHP provides the Alabama Board of Medical Examiners (BME) with a “clinical arm” in approaching and dealing with licensees who have clinical problems such as psychiatric, substance use disorders, disruptive behavior, etc., that can cause impairment if not treated appropriately. To protect the public and the licensee, such problems must be intervened upon, referred for evaluation and treatment, and then monitored for a designated period of time. As of the end of 2012, the APHP has received 2,052 referrals of healthcare professionals. Currently the program serves physicians, osteopaths, physician assistants, and medical and physician assistant students.

One of the most important sources of referrals is professional colleagues. It is important to note that healthcare professionals are obligated by the above law to report any healthcare professional who is suspected of being impaired, whether by alcohol, drugs, psychiatric, or any other reason. AMA Code of Medical Ethics, Section 9.031, also states that physicians must report suspected impairment of healthcare professionals. Because § 34-32-405 states that “a report to the APHP shall be deemed to be a report to the BME for the purposes of any mandated reporting of physician impairment otherwise provided for by the statutes of this state,” the healthcare professional making the report is protected from liability and is not liable to a lawsuit. Information given to the APHP is considered confidential and not discoverable. The APHP can then proceed quietly and confidentially to investigate the validity of the report. If there is sufficient evidence of potential impairment, then the physician, osteopath, physician assistant or student is referred to an approved site for an evaluation. Provided that the healthcare professional follows treatment recommendations and signs a monitoring agreement, the tremendous advantage of the APHP for the healthcare professional is continued confidentiality. Information is not shared with the BME other than compliance with the APHP.

There are, however, circumstances under which the APHP is obligated to report to the ABME. These circumstances include:

1. A healthcare professional under investigation who refuses to undergo an evaluation.
2. A healthcare professional who has been evaluated and who refuses to follow treatment recommendations.

Healthcare professionals are obligated ... to report any healthcare professional who is suspected of being impaired... .

3. Once a monitoring contract has been initiated, the professional who fails to follow the provisions of the contract and refuses corrective action.
4. A professional treated for a substance use disorder who relapses into use of an addictive substance.
5. A professional in whom an impairment is sufficiently severe to cause the healthcare professional to be a danger to the public and who refuses to refrain from clinical practice.
6. Admitted sexual contact between a healthcare professional and a patient.

Once reported to the BME, the healthcare professional is subject to potential disciplinary actions by the Board, including but not limited to the following:

- 1) A private Letter of Concern;
- 2) An Order for a physical, mental, chemical and/or substance abuse evaluation; and
- 3) The filing of an Administrative Complaint with the Medical Licensure Commission (MLC).

If an Administrative Complaint is filed with the MLC, and the Commission finds there is sufficient evidence, it can impose disciplinary action as set out in Ala. Code § 34-24-381, including but not limited to the following:

- 1) Public reprimand;
- 2) Involuntary restrictions on the professional’s license;
- 3) Administrative fines;
- 4) Orders for further evaluations and treatment;
- 5) Placing the professional on probation;
- 6) Suspension of a medical license, either indefinitely or for a specified period of time; and
- 7) Revocation of a medical license.

In general, healthcare professionals do very well in the APHP. Of the 295 professionals monitored by the APHP in 2012, there were a total of seven reports to the BME. Three refused an evaluation, two refused to enter treatment, one failed to comply with monitoring, and one had cognitive impairment that required ceasing clinical practice. Of the seven reported to the BME, five were able to return to practice after corrective action was taken.

If you have a concern about a healthcare professional, please do not hesitate to call the Alabama Physician Health Program for help. APHP staff includes Caro Louise Jehle, Program Coordinator; Rob Hunt, D. Min., LPC-S, Clinical Coordinator; Fay McDonnell, Case Manager; and Eric Hedberg, MD, Medical Director. Call (334) 954-2596 or go online to www.alabamaphp.org.

Prescribing and Pharmacology of Controlled Drugs; ER/LA Opioid REMS

The Alabama Board of Medical Examiners present Prescribing and Pharmacology of Controlled Drugs: Critical Issues and Common Pitfalls.

Controlled substances are prescribed and dispensed today at an increasing rate to help patients cope with pain, insomnia, anxiety, depression, obesity and a myriad of other disorders. Studies show that most practitioners are rather conservative when prescribing controlled drugs, while a small number are at times overly aggressive. In addition, controlled prescription medications are falling into the hands of increasing numbers of prescription drug abusers.

How can the practitioner more effectively understand the pharmacologic profiles for controlled drugs, identify diagnostic criteria for appropriate prescribing and consider the therapeutic implications of specific substance abuse by individual patients? This intensive course was developed to enhance the physician's ability to effectively prescribe controlled medications, while minimizing their misuse when possible. It was also designed to incorporate all FDA-mandated REMS requirements.

Registration: Register online at www.masalink.org or print a registration form and fax it to (334) 269-5200.

Questions? Contact MASA's Education Department at (334) 954-2500 or (800) 239-6272.

Dates, Locations and Hotel Accommodations

January 18-19, 2014

Embassy Suites Birmingham/
Hoover

Call (800) 362-2779 and
reference room block ID
MASA. Room block closes
Dec. 27.

March 29-30, 2014

Renaissance Montgomery
Hotel

Call (800) 468-3571 and
reference room block ID
MASA.
Room block closes Feb. 25,
2014.

Pain Management, cont.

This legislation is far reaching and contains many facets. It is advisable that every physician who falls into any of the categories listed above, go to the Board's website (www.albme.org) and read Rule 540-X-19, *Standards for Pain Management Services*.

The Board views passage of this bill as a sincere effort on behalf of the Alabama Legislature to reduce drug diversion, drug overdose fatalities, and drug dependency and addiction. Answers to any questions regarding Act 2013-257 can be found on the BME website.

Public Actions, cont. from page 7

- **Phillip Anthony Mitchell, MD**, lic. no. MD.17041, Birmingham, AL. (June 26)
- **Bruce Wayne Russell, MD**, lic. no. MD.4253, Sumiton, AL. (June 26)
- **Perry Timberlake, MD**, lic. no. MD.7392, Greensboro, AL. (June 26)
- **Robert P. Eichelberger, MD**, lic. no. MD.8933, Birmingham, AL. (July 26)
- **John B. Isbell, III, MD**, lic. no. MD.952, Fort Payne, AL. (July 26)
- **Mamoun I. Najjar, MD**, lic. no. MD.27654, Decatur, AL. (July 26)
- **Selden H. Stephens, III, MD**, lic. no. MD.17285, Mobile, AL. (July 26)
- **Joseph P. Walsh, MD**, lic. no. MD.26120, Elberta, AL. (July 26)
- **Kenneth T. Gossett, DO**, lic. no. DO.957, Fort Payne, AL. (Aug. 28)
- **Jose A. Lopez-Lago, MD**, lic. no. MD.13180, Waverly Hall, GA. (Sept. 25)

The following services are available on the BME's Website:

- Download an address change form.
- Initiate, update and terminate practice agreements for supervising physicians and physician assistants.
- Check the status of an application.
- Read past issues of the BME Newsletter beginning in 2006.
- Read agendas and minutes for Board meetings beginning in 2007.
- Review proposed rules.
- Review final rules.
- Verify a licensee's credentials.
- Request a retired senior volunteer license application.

www.albme.org

Report of Public Actions of the Medical Licensure Commission and Board of Medical Examiners

MLC – July 2013

◆ On July 24, the Commission entered an Order summarily suspending the license to practice medicine in Alabama of **James M. DeSantis, MD**, lic. no. MD.25650, Marietta, GA, until such time as the Board's Administrative Complaint shall be heard and a decision rendered thereon.

◆ On July 24, the Commission entered a Consent Order reprimanding the license to practice medicine in Alabama of **Jonathan D. Christenbury, MD**, lic. no. MD.18676, Charlotte, NC.

◆ On July 19, the Commission entered an Order removing the probationary status of the license to practice medicine of **Muhammad Wasim Sadiq Ali, MD**, lic. no. MD.22219, Jasper, AL, and restoring the license to full, unrestricted status.

◆ On July 12, the Commission entered an Order lifting the suspension of the license to practice medicine in Alabama of **William Ricardo Montiel, MD**, lic. no. MD.18168, Prattville, AL, with conditions.

◆ On July 5, the Commission entered an Order providing for the conditions for re-entry into practice of **Mario V. Davila, MD**, lic. no. MD.17830, Corpus Christi, TX.

BME – July 2013

◆ On July 17, the Board accepted the voluntary surrender of the Alabama Controlled Substance Certificate, Certificate of Qualification and license to practice medicine in Alabama of **Shelinder Aggarwal, MD**, lic. no. 22384, Huntsville, AL.

◆ On July 17, the Board voted to deny the application for a certificate of qualification to practice medicine in

Alabama of **Kevin Paul Ford, MD**, aka **Kevin Paul Kazakevich, MD**, Gardendale, AL.

MLC – August 2013

◆ On Aug. 19, the Commission entered an Order placing limitations and conditions upon the license to practice medicine in Alabama of **Jimmy Maxwell Carter, MD**, lic. no. MD.7222, Dothan, AL.

BME – August 2013

◆ On Aug. 21, the Board accepted the voluntary surrender of the Alabama Controlled Substances Certificate of **Kenneth T. Gossett, DO**, lic. no. DO.957, Fort Payne, AL.

◆ On Aug. 21, the Board accepted the Voluntary Restriction on certificate of qualification and license to practice medicine in Alabama of **Robert C. Huffman, Jr., MD**, lic. no. MD.11455, Lookout Mountain, TN.

MLC – September 2013

◆ On Sept. 26, the Commission summarily suspended the license to practice medicine or osteopathy in Alabama of **Louie F. Hood, DO**, lic. no. DO.249, Gadsden, AL, until such time as the Administrative Complaint shall be heard by the Commission and a decision rendered thereon.

◆ On Sept. 5, the Commission entered an Order denying the application of **Ervin Wells, MD**, lic. no. MD.28241, Tuscaloosa, AL, for removal of license restrictions.

MLC – October 2013

◆ On Oct. 17, the Commission entered an Order reinstating to full, unrestricted status the license to practice medicine in

Alabama of **Ervin Wells, MD**, lic. no. MD.28241, Tuscaloosa, AL.

◆ Effective Oct. 11, by Commission Order dated Oct. 7, the license to practice medicine in Alabama of **Zizhuang Li, MD**, lic. no. MD.32122, Gulfport, MS, is revoked.

◆ On Oct. 8, the Commission entered an Order dismissing the Administrative Complaint filed against **Emanuel Joseph, Jr., MD**, lic. no. 20888, Atlanta, GA.

◆ On Oct. 7, the Commission entered an Order dismissing the request of **Lasan E. Davis, MD**, lic. no. MD.13059, Tuskegee, AL, to lift the suspension of his license to practice medicine in Alabama.

Actions taken regarding failure to comply with CME requirements

(Joint Petition, Stipulation and consent Orders)

- **Saadat H. Ansari, MD**, lic. no. MD.19149, Huntsville, AL. (June 26)
- **Robert L. Black, III, MD**, lic. no. MD.7090, Birmingham, AL. (June 26)
- **Paul B. Canale, MD**, lic. no. MD.26090, Daphne, AL. (June 26)
- **Garrison S. Cowen, MD**, lic. no. MD.9363, Jasper, AL. (June 26)
- **Donald Shawn Harvey, MD**, lic. no. 21598, Hoover, AL. (June 26)
- **Warren H. Holley, MD**, lic. no. MD.13116, Northport, AL. (June 26)
- **John Robins Langlow, III, MD**, lic. no. MD.13547, Birmingham, AL. (June 26)
- **Oliver Pharr Matthews, Jr., MD**, lic. no. MD.9059, Florence, AL. (June 26)

see Public Actions, page 6



Alabama BME Newsletter and Report

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agendas, newsletters and rules.

Change of Address

Alabama law requires that every
licensed physician notify the Board
of Medical Examiners in writing
within 15 days of a change of the
physician's practice location
address and/or mailing address.

All current licensees receive the Board of Medical Examiners *Newsletter and Report* at their address of record at no charge. Licensees may also choose to receive the newsletter by e-mail. Non-licensee subscriptions to the newsletter are by e-mail only. If you would like to receive the newsletter by e-mail, please send a request to albmenews@yahoo.com.