



ALABAMA Board of Medical Examiners Medical Licensure Commission

Newsletter and Report

www.albme.org

April 2017

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How to register for AL Electronic Death Registration System

If there are physicians at your facility who are not registered in the EDRS, please provide them with the Physician User Agreement to complete and return to you. The User Authorization form is not required when registering a physician.

The required registration forms can be found at www.adph.org/edrs under "Requesting Access."

Once the forms are complete, fax them to the numbers shown on the forms. When you are registered in the system, you will receive

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A Message from the Executive Director Questions about the new RMS rule

by Norris Green

The Board of Medical Examiners recently adopted a rule, effective March 9, 2017, concerning the use of risk and abuse mitigation strategies for prescribing physicians. The Board has received questions and requests for clarification about the rule, particularly the CME requirement for those who have a controlled substance license.

Recap of the rule

The rule requires the use of medically-appropriate risk and mitigation strategies (RMS), which will vary from patient to patient. Examples of risk evaluation and mitigation strategies include, but are not limited to: pill counts, urine drug screening, PDMP checks, consideration of abuse-deterrent medications, monitoring the patient for aberrant behavior, providing a patient with opiate risk education prior to prescribing controlled substances and using validated risk-assessment tools. It is not expected that a physician would use all RMS with all patients on every visit.

The Board received comments regarding the use of RMS when prescribing controlled substances for treatment of conditions other than chronic pain, such as psychiatric conditions, cancer and end of life. All controlled substances carry some risk of abuse or misuse, so RMS should be used as one element of a physician's "best practice" when prescribing controlled substances for any reason.

However, the rule requires use of these strategies only when prescribing controlled substances for the treatment of pain.

Concerning the use of RMS in the treatment of cancer patients with controlled substances, the Board is of the opinion that the best practice when prescribing controlled substances for the treatment of acute, chronic or cancer pain includes the use of medically-appropriate RMS, which will vary from patient to patient at the discretion of the physician.

Use of PDMP

The rule also contains requirements regarding querying the Prescription Drug Monitoring Program (PDMP) databank to obtain a patient's history of substances prescribed when prescribing controlled substances. For controlled substances prescriptions totaling 30 Morphine Milligram Equivalents (MME) or less per day, physicians are expected to use the PDMP in a manner consistent with good clinical practice. When prescribing more than 30 MME per day, physicians shall review the patient's PDMP history at least twice a year, and physicians are responsible for documenting the use of RMS in the patient's medical record. Physicians must review the patient's PDMP record every time a prescription for more than 90 MME per day is written, on the same day the prescription is written, and must also

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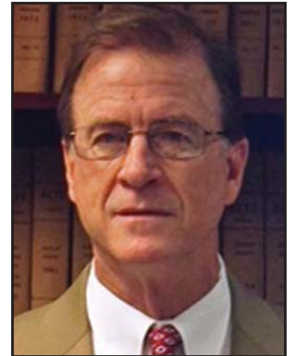
ALBME names new executive director

Norris Green was recently named executive director of the Alabama Board of Medical Examiners. He originally joined the ALBME in July 2015 as the associate executive director and was officially named director following the retirement of Larry Dixon in December 2016.

Prior to coming to the ALBME, Green worked for 39 years with the Alabama Legislative Fiscal Office and served as its director the last four years.

“Since joining the ALBME, I’ve enjoyed working with our staff members and getting to know Alabama’s physicians who serve as members of the Board,” Green said. “We are all working together to shape our state’s healthcare future. This can be challenging, yet very rewarding work, and I’m excited about continuing to move Alabama forward in our changing healthcare climate.”

Green has a bachelor’s degree in business administration from Auburn University, a juris doctor degree from Jones School of Law and is a member of the Alabama State Bar. During his career, Green received recognition from the National Association for Legislative Fiscal Offices for outstanding contributions to the Alabama Legislature as well as recognition of the fiscal office by the Center on Budget and Policy Priorities as a model legislative agency.



Norris Green

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EDRS, cont.

an email which contains a temporary password. At that time, you will be able to log in to EDRS and set your own password.

The User Authorization form is to be completed by your facility administrator, who must state which employees – other than physicians – will be authorized to use the system on behalf of your facility. The administrator will also state the level of access each employee is allowed.

Each employee listed on the User Authorization form must complete a User Agreement. For maximum benefit, it is highly recommended that each user has his/her own email address. Use of one email address for multiple users can cause system conflicts and undelivered messages. Email addresses are not shared and are kept confidential.

Resources available on ADPH website

Click on the “Training” link. Under “In Person Training,” you will find a list of ADPH area staff who are available to provide EDRS training at your facility.

Under “Train on Your Own,” you will find a Presentation for Medical Facilities form that provides detailed instructions on how to complete an electronic death record. The presentation has been updated for the new death certificate implemented on Jan. 1, 2016.

ADPH office staff are available Monday through Friday, from 8 a.m. to 5 p.m. Call the EDRS Help Desk at (334) 206-2754.

RMS for prescribing physicians

(1) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in patients who use controlled substances to treat pain increases as dosage increases. The Board adopts the “Morphine Milligram Equivalency” (“MME”) daily standard as set out by the Centers for Disease Control and Prevention (“CDC”) for calculating the morphine equivalence of opioid dosages.

(2) It is the opinion of the Board that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Examples of risk and abuse mitigation strategies include, but are not limited to:

- (a) Pill counts;
- (b) Urine drug screening;
- (c) PDMP checks;
- (d) Consideration of abuse-deterrent medications;
- (e) Monitoring the patient for aberrant behavior;
- (f) Providing a patient with opiate risk education prior to prescribing controlled substances; and
- (g) Using validated risk-assessment tools, examples of which shall be maintained by the Board.

(3) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board sets forth the following requirements for the use of Alabama’s Prescription Drug Monitoring Program (PDMP):

- (a) For controlled substance prescriptions totaling 30 MME or less per day, physicians are expected to use the PDMP in a manner consistent with good clinical practice.
- (b) When prescribing a patient controlled substances of more than 30 MME per day, physicians shall review that patient’s prescribing history through the PDMP at least two (2) times per year, and each physician is responsible for documenting the use of risk and abuse mitigation strategies in the patient’s medical record.
- (c) Physicians shall query the PDMP to review a patient’s prescribing history every time a prescription for more than 90 MME per day is written, on the same day the prescription is written.

(4) Exemptions: The Board’s PDMP requirements do not apply to physicians writing controlled substance prescriptions for:

- (a) Nursing home patients;
- (b) Hospice patients, where the prescription indicates hospice on the physical prescription;
- (c) When treating a patient for active, malignant pain; or
- (d) Intra-operative patient care.

(5) Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, physicians should reconsider a patient’s existing benzodiazepine prescriptions or decline to add one when prescribing an opioid and consider alternative forms of treatment.

(6) Effective January 1, 2018, each holder of an Alabama Controlled Substances Certificate (ACSC) shall acquire two (2) credits of *AMA PRA Category I*TM continuing medical education (CME) in controlled substance prescribing every two (2) years as part of the licensee’s yearly CME requirement. The controlled substance prescribing education shall include instruction on controlled substance prescribing practices, recognizing signs of the abuse or misuse of controlled substances, or controlled substance prescribing for chronic pain management.

(7) The Board recognizes that all controlled substances, including but not limited to, opiates, benzodiazepines, stimulants, anticonvulsants, and sedative hypnotics, have a risk of addiction, misuse, and diversion. Physicians are expected to use risk and abuse mitigation strategies when prescribing any controlled substance. Additional care should be used by the physician when prescribing a patient medication from multiple controlled substance drug classes.

(8) A violation of this rule is grounds for the suspension, restriction, or revocation of a physician’s Alabama Controlled Substances Certificate or license to practice medicine.

Warning from FDA's Office of Criminal Investigations

by Robert Kuykendall, FDA Special Agent

For some time now, the FDA's Office of Criminal Investigations (OCI) has been bombarded with criminal inquiries involving physician ordering of foreign/unapproved drugs and devices via the Internet. These products are primarily cosmetic injectables including botox, dysport, juvederm, etc., and to a lesser degree, oncology and orthopedic drugs. In almost all cases, the physicians are being interviewed and stating they ordered from a "Canadian" source via the Internet because it was less expensive.

Physicians should be warned that these products are not coming from Canada; rather, the subject companies, which are organized crime enterprises in most cases, are utilizing computer servers located in Canada while the drugs being offered are stolen, smuggled into the United States and/or often times even counterfeit. FDA's OCI management are taking these cases very seriously and are presenting them to federal prosecutors for criminal prosecution consideration.

For further information or education, physicians may contact Special Agent Bob Kuykendall at (205) 503-0095.

Alabama Board of Medical Examiners 2016 Annual Report

In 2016, the Board approved 905 applications for full licensure. Two hundred sixty Qualified Alabama Controlled Substances Certificates (QACSC) and 177 Limited Purpose Schedule II Permits (LPSP) were issued to Physician Assistants (PA) and Advanced Practice Nurses (CRNP, CNM), constituting an increase of 12 QACSCs but a decrease of 149 LPSPs.

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

A. APPLICANTS CERTIFIED TO MEDICAL LICENSURE COMMISSION	
1. Applicants by endorsement	905
a. Non-disciplinary Citation with Administrative Charge	20
B. APPLICANTS CERTIFIED FOR LIMITED LICENSE	221
C. APPLICANTS CERTIFIED FOR LIMITED LICENSE CoQ RENEWAL ...	336
D. ADVANCED PRACTICE NURSES (CRNP/CNM)	
1. Collaborations Approved	1,973
2. Collaborations Renewed	4,189
3. CRNP/CNM QACSC Issued	225
4. CRNP/CNM QACSC Renewed	518
5. CRNP/CNM LPSP Issued	157
6. CRNP/CNM LPSP Renewed	310
7. Collaborative Practice Educational Site Visit	37
8. Collaborative Practice Compliance Seminar	12
a. Full Seminar	1
b. Condensed Group Seminar	11
E. PHYSICIAN ASSISTANTS	
1. Physician Assistants Licensed	92
2. Physician Assistants Registered to Physicians (new applications)	287
3. Physician Assistants Granted Temporary Licensure	19
4. Temporary PA Licensure Converted to Full Licensure (after passing exam)	12
5. Temporary Licensees Granted Registration	9
6. Anesthesiologist Assistants Licensed	2
7. Anesthesiologist Assistants Granted Temporary License	0
8. Temporary AA Licensure Converted to Full Licensure (after passing exam)	0
9. Anesthesiologist Assistants Registered to Physicians (new applications)	4
10. PA QACSC Issued	35
11. PA QACSC Renewed	103
12. PA LPSP Issued	20
13. PA LPSP Renewed	70
F. ACSC ISSUED/RENEWED	
1. ACSC Issued	1,025
2. ACSC Renewed	12,181

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2016 Annual Report, cont.

G. PAIN MANAGEMENT SERVICES	
1. Pain Management Services Registrations Issued	144
2. Pain Management Services Registrations Renewed.....	537
H. DISCIPLINARY/CONFIDENTIAL ACTIONS	
1. ACSC/QACSC Surrender/Revocation/Restriction/Reinstatement	18
2. ACSC Restrictions Terminated.....	0
3. CoQ Denied/Surrendered	8
4. CoQ Issued/Reinstated with Agreements/Restrictions.....	1
5. Letters of Concern	81
i. <i>Prescribing Related</i>	17
6. Complaint Inquiry Received 2016.....	303
7. Complaint Inquiries Pending from Prior Reporting Years	24
a. Resolved Without Formal Investigation	145
b. Inquiry Pending	39
c. Formal Investigation Opened.....	143
1) <i>Prescribing Related</i>	34
8. Formal Investigation Opened 2016	143
9. Formal Investigation Pending from Prior Years	100
a. Formal Investigation Closed with Disposition	154
b. Formal Investigation Pending Disposition	89
10. Interviews Conducted	49
11. Voluntary Agreement Entered Into	7
12. Voluntary Agreement Terminated.....	2
13. Voluntary Restriction on CoQ Entered Into	0
14. Voluntary Restriction Terminated.....	0
15. Flag File for Reinstatement	9
16. ABME Physician Monitoring Contracts Entered Into.....	7
17. ABME Physician Monitoring Contract Expired/Terminated	2
18. Physician Monitoring Program - Physicians Currently Monitored.....	121
19. Number of Physicians Monitored Since 1990.....	1,246
20. Non-Disciplinary Board Orders	35
a. Continuing Medical Education	24
1) <i>Prescribing Related</i>	12
b. Evaluation.....	11
21. Sent for Expert Review.....	19
22. Administrative Complaints filed with Medical Licensure Commission	48
23. Assessments (ABME and MLC).....	55
a. Administrative Fines	52
b. Administrative Costs.....	3
24. Summary Suspensions	1
a. Disposition Pending.....	1
25. Voluntary Surrender of Medical License.....	7

If you need help

Alabama Physician Health Program

With the high demands of the medical profession, it is more important than ever to remember to maintain your own well-being. Physicians suffering from mental, emotional or addictive challenges put their patients – and themselves – at risk of harm. If you suspect you or a member of your profession has a chemical dependency or other psychological or physiological condition that impairs the practice of medicine, the Alabama Physician Health Program can help.

The program offers consultation referral and monitoring for physicians whose practices are compromised by the use of drugs, alcohol or behavioral or mental health issues. You may self-report directly to APHP or you may make a confidential referral on behalf of a colleague or friend. Participation in APHP does not trigger disciplinary action and may not interrupt your medical practice.

Please call (334) 954-2596 or visit <http://alabamaphp.weebly.com> for more information.

Do you know how to prescribe or use Naloxone?

If you are prescribing opioid medications for your patients, or if you believe a patient is addicted to opioid medications, it is critical that you make them or their family members aware of Naloxone. Naloxone may be obtained from a pharmacy under certain conditions for the purpose of reversing opioid overdose.

For more information, please go to www.adph.org/pharmacyunit.

Reminder: Death certificates

Effective Dec. 1, 2016, the Alabama Department of Public Health no longer accepts for filing death certificate forms with a revision date of November 1993. A revised death certificate based on the current U.S. Standard Certificate of Death went into effect on Jan. 1, 2016. You are asked to destroy all versions previous to the death certificate revised January 2016.

In 2014, a State Board Health Rule went into effect requiring the use of the Electronic Death Registration System (EDRS) for death certificates. Rule 420-7-1-03(2)(b) states in part:

Physicians who completed 10 or more certificates in the previous calendar year and all coroners and medical examiners are to complete death certificates electronically. Institutions or funeral homes shall electronically prepare and submit death certificates electronically, if the physician, coroner or medical examiner is required by rule to submit the certificate electronically.



Rx Information

Please access the AL Department of Public Health's Prescription Drug Monitoring Program (PDMP) database to review your patients' controlled substance history. In a single minute, you can improve the safety and efficacy of the care you provide your patients.

For PDMP assistance, contact the Help Desk at (800) 225-6998 option 8 and follow the prompts for Alabama, or email pdm-info@hidinc.com.

The program can be reached at pdmp@adph.state.al.us.

Executive Director's message, cont.

document the use of RMS. A calculator for determining MMEs is on the Board's Controlled Substances Prescribing FAQs web page, www.albme.org/csfaq.html.

PDMP exemptions

There are exemptions to the PDMP query requirement: nursing home patients, hospice patients where the prescription indicates hospice on the physical prescription, when treating a patient for active, malignant pain, or intra-operative patient care.

The rule also states that due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, physicians should reconsider a patient's existing benzodiazepine prescriptions or decline to add one when prescribing an opioid and consider alternative forms of treatment. Physicians are expected to use additional care when prescribing medications to a patient from multiple controlled substance drug classes.

CME credits required

The rule also places a requirement on each holder of an Alabama Controlled Substances Certificate (ASCS) to acquire 2 *AMA PRA Category 1 Credits*TM in controlled-substance prescribing every two years. These credits are included in the annual 25-credit requirement and are not additional credits. The CME requirement will become effective Jan. 1, 2018, and is interpreted to encompass credits earned in calendar year 2018 and forward. Approved

CME courses are listed at www.albme.org/csfaq.html.

The Board has also provided on its website the following examples of MME calculators and validated risk-assessment tools (see www.csfaq.html for links).

MME Calculators

- Epocrates
- Centers for Medicare & Medicaid Services
- Lexicomp
- Opioid Calc
- Washington State Agency Medical Directors' Group
- BME Opioid Dose Reference Guide with indicators of PDMP check is required

Validated risk-assessment tools

- BRI – Brief Risk Interview
- DIRE – Diagnosis, Intractability, Risk, Efficacy score
- ORT - Opioid Risk Tool
- PMQ – Pain Medication Questionnaire
- SOAPP – Screener and Opioid Assessment for Patients with Pain
- SOAPP-R – Screener and Opioid Assessment for Patients with Pain – Revised
- BRQ – Brief Risk Questionnaire

These are suggested sources for the above tools; others may be used.

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

Mission: The Alabama Board of Medical Examiners and the Medical Licensure Commission are charged with protecting the health and safety of the citizens of the state of Alabama.

MLC – December 2016

◆ On Dec. 20, the Commission entered an Order assessing an administrative fine against **Stephen R. Sheppard, MD**, lic. no. MD.10348, Mobile, AL, and requiring either an accreditation plan and continuing medical education or to cease the office based surgical practice.

◆ On Dec. 23, the Commission denied the request of **John Percy Hagler, MD**, lic. no. MD.6566, Montgomery, AL, for reinstatement of his license to practice medicine in Alabama.

◆ Effective Dec. 30, the Commission entered an Order indefinitely suspending the license to practice medicine in Alabama of **Barry Neal Lumpkins, MD**, lic. no. MD.24548, Florence, AL.

BME – December 2016

◆ On Dec. 14, the Board accepted the voluntary surrender of the Alabama Controlled Substances Certificate of **Richard L. Snellgrove, MD**, lic. no. MD.16922, Fairhope, AL.

MLC – January 2017

◆ Effective Jan. 26, the Commission entered an Order summarily suspending the license to practice medicine in Alabama of **James E. Mallette, III, DO**, lic. no. DO.749, Florence, AL.

BME – January 2017

◆ Upon the stipulation of the parties, on Jan. 18 the Board issued a Consent Order placing on probation the Alabama Controlled Substances Certificate of **Herbert V. Allen, III, MD**, lic. no. MD.9362, Mobile, AL.

◆ Effective Jan. 18, **Rex A. Rawls, MD**, lic. no. MD.25511, Mobile, AL,

voluntarily surrendered his certificate of qualification and license to practice medicine in Alabama.

◆ On Jan. 31, the Board denied the application of **Charles S. Fillingane, DO**, Jackson, MS, for a certificate of qualification to practice medicine in Alabama. Dr. Fillingane has appealed the denial.

MLC – February 2017

◆ On Feb. 22, the Commission entered an Order placing on probation the license to practice medicine in Alabama of **Gary A. Moore, MD**, lic. no. MD.27668, Oneonta, AL.

◆ On Feb. 22, the Commission entered an Order suspending for six months the license to practice medicine in Alabama of **Scott A. Prechter, MD**, lic. no. MD.34434, Meridian, MS.

BME – February 2017

◆ Effective Feb. 1, the Alabama Controlled Substances Certificate of **Lawrence T. Williams, DO**, lic. no. DO.100, Montgomery, AL, is temporarily suspended until such time as the Board has held a hearing and a decision is rendered.

◆ Effective Feb. 1, the Alabama Controlled Substances Certificate of **Anthony Lessa, MD**, lic. no. MD.26315, Talladega, AL, is temporarily suspended until such time as the Board has held a hearing and a decision is rendered.

◆ On Feb. 15, the Board issued an Order dismissing without prejudice the Order to show Cause issued against the Alabama Controlled Substances Certificate of **Luc Frenette, MD**, lic. no. MD.16051, Trussville, AL, and placing certain conditions.

◆ On Feb. 15, the Board issued an Order restricting the Alabama Controlled Substances Certificate of **Anthony Lessa, MD**, lic. no. MD.26315, Talladega, AL, effective 30 days from the date of the Order.

◆ On Feb. 15, the Board accepted the voluntary surrender of certificate of qualification and license to practice medicine in Alabama of **Charles T. Sirna, MD**, lic. no. MD.16076, Rainbow City, AL.

◆ On Feb. 15, the Board issued an Order placing on probation the Alabama Controlled Substances Certificate of **Lawrence T. Williams, DO**, lic. no. DO.100, Montgomery, AL.

MLC – March 2017

◆ On Mar. 7, the Commission entered an Order denying the application for reinstatement of license of **Wallace B. McGahan, Jr., MD**, lic. no. MD.9963, Decatur, AL.

◆ On Mar. 7, the Commission entered an Order continuing restrictions on the license to practice medicine in Alabama of **William Ricardo Montiel, MD**, lic. no. MD.18168, Prattville, AL, and further restricting his controlled substances prescribing to Schedules III, IV and V only (effective 45 days from the date of the Order).

Actions for CME (reprimand, fine, additional CME required):

- **Richard L. Cox, Jr., MD**, lic. no. MD.8794, Birmingham, AL
- **Walter E. Larisey, III, MD**, lic. no. MD.9326, Tuscaloosa, AL
- **Ian H. Thorneycroft, MD**, lic. no. MD.15135, Mobile, AL

Actions on ACSC for not being registered for PDMP (administrative fine):

- **Glenda B. Atilano, MD**, lic. no. MD.18529, Montgomery, AL
- **Charles E. Sharp, MD**, lic. no. MD.15472, Birmingham, AL

Actions on ACSC for prescribing controlled substances with expired ACSC (administrative fine):

None.



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2017 BME Meeting Dates

May 17	September 20
June 21	October 18
July 19	November 15
August 16	December 13

The public portion of each meeting is scheduled for 10:00 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building located at 848 Washington Avenue, Montgomery, Ala.

Meeting agendas, minutes and a full list of meeting dates and times can be found on the Board's website:

www.albme.org

2017 MLC Meeting Dates

May 24	September 27
June 28	October 25
July 26	November 29
August 23	December 21

Meetings are held in the Dixon-Parker Building located at 848 Washington Avenue, Montgomery, Ala.

WHOM TO CALL FOR QUESTIONS OR ASSISTANCE

- Administration:** **Norris W. Green**, Executive Director
Jane W. Hartley, Director of Accounting, Office Manager
- Legal:** **Patricia E. Shaner**, General Counsel
Wilson Hunter, Associate General Counsel
Rachel L. Riddle, Assoc. Counsel for Board
- Licensing:** **Jackie Baskin**
Mary Leigh Meredith
Andi Silberman
- Investigations:** **Stan Ingram**, Chief
- Pain Management Services:** **Edwin Rogers**, Director
- Physician Monitoring:** **Jeff Grimsley**, Director
- Physician Assistants:** **Deana Bozeman**, Director
- Collaborative Practice:** **Patricia Ward, RN**, Nurse Consultant
Amy Wybenga, CRNP, Nurse Consultant
(334) 242-4116
- Medical Licensure Commission:** **Karen Silas**, Executive Assistant
(334) 242-4153

CME in 2017

July 7-9
Prescribing of Controlled Drugs and Controversies of Pharmacology
Prescribing
The Grand Hotel, Point Clear

Nov. 17-19
Ensuring Quality in the Collaborative Practice Medical Ethics, Prescribing of Controlled Drugs and Controversies of Pharmacology
Prescribing
Hyatt Regency Birmingham – The Wynfrey Hotel

Visit alamedical.org/prescribing for details.