



ALABAMA Board of Medical Examiners Medical Licensure Commission

Newsletter and Report

www.albme.org

April 2018

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Alabama Board of Medical Examiners 2017 Annual Report

In 2017, there was an increase from 2016 in the number of newly licensed physicians in Alabama, with 1,016 approved applicants by endorsement, which constitutes 21 more approved applicants than in 2016. In 2017, the Board issued 299 Qualified Alabama Controlled Substances Certificates (QACSC) and 210 Limited Purpose Schedule II Permits (LPSP) to Physician Assistants (PA) and Advanced Practice Nurses (CRNP, CNM).

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

A. APPLICANTS CERTIFIED TO MEDICAL LICENSURE COMMISSION	
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3. CRNP/CNM QACSC Issued.....	248
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5. CRNP/CNM LPSP Issued	171
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2. Physician Assistants Registered to Physicians (new applications).....	275
3. Physician Assistants Granted Temporary Licensure.....	23
4. Temporary PA Licensure Converted to Full Licensure (after passing exam) ...	23
5. Temporary Licensees Granted Registration	11

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2017 Annual Report, cont.

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6. Anesthesiologist Assistants Licensed	1
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	51
11. PA QACSC Renewed	119
12. PA LPSP Issued	39
13. PA LPSP Renewed.....	87

G. ACSC ISSUED/RENEWED

1. ACSC Issued.....	1,033
2. ACSC Renewed.....	11,832

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1. Pain Management Services Registrations Issued	99
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4. CoQ Issued/Reinstated with Agreements/Restrictions.....	1
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2. Prior issues referred for investigation.....	5
3. Prior issues pending.....	4
b. Investigations Pending from Prior Years	89
1. Prior investigation resolved with disposition	68
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b. Total Issues Pending Resolution.....	30
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Controlled substances prescribing issues for mid-levels and physicians

Know QACSC/LPSP protocols before you prescribe controlled substances*.

Any approved Schedule III-V medication initiated by the mid-level provider for the patient is limited to a thirty (30) day supply, and a reissue must be authorized by the approved collaborating, supervising, or covering physician.

Any approved short-acting Schedule II medication initiated by the mid-level provider for the patient is limited to a thirty (30) day supply. A reissue must be authorized by the collaborating, supervising, or covering physician, and the physician must see the patient before authorizing the reissue.

For approved long-acting Schedule

II medication, the initial dose and any subsequent escalation of the dose must be written by the physician with the mid-level writing maintenance doses only. These medications may only be prescribed for patients in Hospice/ Palliative Care, Nursing Home/ Rehabilitation Facilities, or Oncology.

* Refer to the link at www.albme.org for the full QACSC/LPSP protocols.

Know Alabama's rules concerning the utilization of controlled substances for weight reduction.

Mid-levels with QACSCs may not prescribe any controlled medications for weight loss with the exception of

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BCBS new opioid management strategy effective Feb. 1, 2018

Blue Cross and Blue Shield of Alabama is launching an opioid management strategy in an effort to battle the growing opioid epidemic in Alabama, as well as a response to concerns for customers' care and safety and the rising costs of health care. The new requirements became effective Feb. 1, 2018.

BCBS Alabama's opioid management strategy implements the following requirements:

- Extended-release opioids will require a prior authorization for all initial fills of long-acting opioid medications. Members currently receiving these drugs will not be impacted.
- Immediate-release opioids will not require prior authorization but will have quantity limits. The first prescription fill will be limited to a seven-day supply. After an initial seven-day supply is filled, additional prescriptions may be obtained without pre-authorization. Members currently receiving these drugs will not be impacted.
- Naloxone, the antidote for an opioid overdose, will be available to Blue Cross members for a generic copay. These include the forms of prefilled syringes and nasal spray. Evzio, the branded auto-injector, will no longer be covered due to egregious pricing.

2017 Annual Report, cont.

9. Voluntary Agreement Entered Into	11
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12. Voluntary Restriction Terminated.....	0
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14. ABME Physician Monitoring Contract Entered Into	0
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Reminder: New CME requirement for ACSC holders

Beginning with calendar years 2017-2019, ACSC holders are required to earn or obtain two (2) *AMA PRA Category 1 Credits*[™] every two years in the areas of controlled substance prescribing practices, recognizing signs of abuse or misuse of controlled substances, or controlled substance prescribing for chronic pain management. These two credits can be obtained online, in person, or any other method that confers *AMA PRA Category 1 Credit*[™]. For current ACSC holders, the credits should be obtained between Jan. 1, 2018, and Dec. 31, 2019. For registrants issued an ACSC in 2019, the time period for earning the credits will be Jan. 1, 2019, through Dec. 30, 2020, and so on.

You do not need to send your credit certificates to the Board, but you should retain them for three years. The Board can audit a licensee/registrant's CME compliance at any time.

FAQs asked of the Board and their answers:

Q: I hold an ACSC but I am exempt from the annual 25-credit requirement for license renewal. Do I still have to obtain these credits?

A: Yes. ACSC holders who are otherwise exempt from the CME requirement (residents, fellows, initial licensure year, military service) must still obtain the two credits every two years.

Q: Does the Board have to pre-approve the courses I take? Does it have to be a live activity? Does it have to be obtained in Alabama?

A: No. You do not need to obtain pre-approval from the Board for the course you choose. Just be sure the course confers *AMA PRA Category 1 Credit*[™] and is in one of the required areas. The course may be live, through the internet or any other method as long as the activity confers *AMA PRA Category 1 Credit*[™]. It does not have to be obtained from a CME activity in Alabama.

Q: If I obtained the CME in 2017, will that meet the new requirement?

A: No. This requirement is interpreted to encompass credits earned in the calendar year 2018 and forward. Credits earned in 2017 or earlier may not be carried forward to be in compliance with the new rule.



Q: I do not prescribe opioids at all. Does the CME requirement apply to me?

A: Yes. All physicians holding an ACSC are subject to the new CME requirement. The CME can be in the areas of prescribing controlled substances generally and recognizing signs of abuse and misuse. Activities in specific areas such as the use of controlled substances in the treatment of ADD or mental disorders, for example, would meet the requirement.

Q: I am a physician assistant (or nurse practitioner) with a QACSC. Do I have to meet the new CME requirement in the Risk and Abuse Mitigation Strategies rule?

A: No. As a QACSC holder, you have an existing CME requirement to which you must adhere [see Rules 540-X-12-.05(3) and 540-X-18-.05(2)].

Q: I attended a multi-topic conference but only received one certificate for the entire conference. What should I keep as documentation of having earned two credits in controlled substances?

A: Keep with your certificate a copy of the conference agenda that shows the controlled substances topic(s) and the time(s) those topics were covered.

BME staff update

On Dec. 13, 2017, the Board appointed **E. Wilson Hunter, Esq.**, to the position of General Counsel for the Board. He succeeds Patricia E. Shaner, Esq., who has assumed the position of Associate General Counsel until her anticipated retirement in one to two years.

Health professionals disaster response volunteer network from the Alabama Department of Public Health

We hope you will join the Alabama Department of Public Health (ADPH) Volunteer Network, either as an individual or as a unit from a hospital, Medical Reserve Corps, or other organization. The goal of the ADPH Volunteer Network is to create a system of policies and procedures that will help ADPH assure appropriate and timely services where needed during a disaster.

The ADPH Volunteer Network uses the Alabama Responds system as the Alabama's Emergency System for Advanced



Registration of Volunteer Health Professionals. Alabama Responds is administered by ADPH to pre-register, manage, and mobilize clinical and non-clinical volunteers to help in responding to all types of disasters. Alabama Responds is part of a nation-wide effort to ensure that volunteer professionals can be quickly identified and their credentials checked so they can be properly utilized in response to a public health emergency or disaster.

Alabama Responds collects and maintains information pertaining to individual volunteers such as contact information, licensure, credentials, training history, response experience, and skills. It also serves as the system for identifying, activating, and deploying volunteers during disasters. Alabama Responds also functions as a communication tool for deployment and for providing volunteers with information about training and exercises.

We appreciate your interest in becoming an Alabama Department of Public Health emergency preparedness volunteer. Volunteering does take time away from family, home, work, and normal personal and professional routines. It does, of course, require flexibility, patience, and understanding, along with a willingness to abide by ADPH Volunteer Network Policies and Procedures.

Learn more at www.alabamapublichealth.gov/volunteer/index.html.

Alabama Department of Public Health
Center for Emergency Preparedness
The RSA Tower
201 Monroe Street, Suite 1310
Montgomery, Alabama 36104

For questions regarding volunteering, please call the Center for Emergency Preparedness at (334) 206-3394.

New rule: Temporary collaborating/ supervising physician

The Board has amended its rules concerning requirements for collaborative practice (CRNP/CNM) and supervised practice (P. A.) to allow, in the event of an unanticipated, permanent absence of a collaborating or supervising physician, the designation of a previously approved covering physician as a temporary collaborating/supervising physician for a period of up to sixty days. During the 60-day time period, a new Notice of Commencement (CRNP/CNM) or registration agreement (P. A.) designating a new collaborating/supervising physician should be submitted for approval. The Board hopes this new provision will assist those practices that experience the unfortunate occurrence of an unexpected death or serious illness of a collaborating or supervising physician.

Current Address Required

Alabama law requires every licensed physician to 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. To update name or address information, go to www.albme.org and search for address change.

Alabama physician workforce profile

The Association of American Medical Colleges produces an annual State Physician Workforce Data Book containing state-specific data about active physicians and physicians in training. The reports include counts of active physicians, medical students, and residents and fellows in ACGME programs. There are also physician specialty break-downs, information about where physicians in the

state completed graduate medical education, and the current practice location of trainees who completed GME in the state. The report for Alabama appears on pages 6, 7 and 8. See <http://bit.ly/2EOiUXf>.

The Association of American Medical Colleges (AAMC) grants the Alabama Board of Medical Examiners permission to reproduce and distribute the AAMC content described below for the purposes described below, provided proper attribution.

2	State Population:	4,863,300	Total Female Physicians:	2,808
0	Population ≤ age 21	1,352,178	Total MD or DO Students:	2,020
1	Total Active Physicians:	10,329	Total Residents:	1,392
6	Primary Care Physicians:	3,713		

For additional data, including maps and tables, please see the 2017 State Physician Workforce Data Report online at www.aamc.org/2017statedatareport

		AL	AL Rank	State Median
Physician Supply	Active Physicians per 100,000 Population, 2016	212.4	42	257.6
	Total Active Patient Care Physicians per 100,000 Population, 2016	193.2	42	227.2
	Active Primary Care Physicians per 100,000 Population, 2016	76.3	44	90.8
	Active Patient Care Primary Care Physicians per 100,000 Population, 2016	70.7	44	82.5
	Active General Surgeons per 100,000 Population, 2016	7.6	27	7.7
	Active Patient Care General Surgeons per 100,000 Population, 2016	7.1	24	6.9
	Percentage of Active Physicians Who Are Female, 2016	27.2%	45	33.8%
	Percentage of Active Physicians Who Are International Medical Graduates (IMGs), 2016	17.7%	30	19.1%
	Percentage of Active Physicians Who Are Age 60 or Older, 2016	32.6%	14	30.3%
Undergraduate Medical Education (UME)	MD and DO Student Enrollment per 100,000 Population, AY 2016-2017	41.5	18	32.7
	Student Enrollment at Public MD and DO Schools per 100,000 Population, AY 2016-2017	22.5	18	21.2
	Percentage Change in Student Enrollment at MD and DO Schools, 2006-2016	108.0%	5	24.6%
	Percentage of MD Students Matriculating In-State, AY 2016-2017	84.9%	8	65.6%
Graduate Medical Education (GME)	Total Residents/Fellows in ACGME Programs per 100,000 Population as of December 31, 2016	28.6	23	28.1
	Total Residents/Fellows in Primary Care ACGME Programs per 100,000 Population as of Dec. 31, 2016	11.1	23	10.6
	Percentage of Residents in ACGME Programs Who Are IMGs as of December 31, 2016	22.3%	22	20.5%
	Ratio of Residents and Fellows (GME) to Medical Students (UME), AY 2015-2016	0.7	34	1.0
	Percent Change in Residents and Fellows in ACGME-Accredited Programs, 2006-2016	12.8%	34	17.6%
Retention	Percentage of Physicians Retained in State from Undergraduate Medical Education (UME), 2016	49.1%	8	38.5%
	Percentage of Physicians Retained in State from Public UME, 2016	49.1%	15	44.1%
	Percentage of Physicians Retained in State from Graduate Medical Education (GME), 2016	47.4%	20	44.9%
	Percentage of Physicians Retained in State from UME and GME Combined, 2016	74.7%	11	69.0%

State Rank: How the state ranks compared to the other 49. Rank of 1 goes to the state with the highest value for the category.

State Median: The value in the middle of the 50 states, with 25 states above the median and 25 states below (excludes the District of Columbia and Puerto Rico).

Source: 2017 State Physician Workforce Data Report

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Alabama BME/MLC Newsletter and Report

Specialty	Total Active Physicians	People Per Physician	Female		Age 60 or Older	
			Number	Percent	Number	Percent
All Specialties	10,329	471	2,808	27.2	3,366	32.6
Allergy & Immunology	40	121,583	12	30.0	15	37.5
Anatomic/Clinical Pathology	146	33,310	53	36.3	71	48.6
Anesthesiology	476	10,217	82	17.2	167	35.1
Cardiovascular Disease	287	16,945	35	12.2	116	40.4
Child & Adolescent Psychiatry**	80	16,902	39	48.8	19	23.8
Critical Care Medicine	107	45,451	24	22.4	*	*
Dermatology	127	38,294	67	52.8	45	35.4
Emergency Medicine	365	13,324	79	21.6	115	31.5
Endocrinology, Diabetes & Metabolism	68	71,519	22	32.4	25	36.8
Family Medicine/General Practice	1,550	3,138	482	31.1	506	32.6
Gastroenterology	169	28,777	19	11.2	74	43.8
General Surgery	368	13,215	47	12.8	138	37.5
Geriatric Medicine***	38	20,646	22	57.9	*	*
Hematology & Oncology	150	32,422	45	30.0	45	30.0
Infectious Disease	81	60,041	23	28.4	21	25.9
Internal Medicine	1,368	3,555	400	29.3	462	33.8
Internal Medicine/Pediatrics	59	82,429	28	47.5	*	*
Interventional Cardiology	59	82,429	*	*	*	*
Neonatal-Perinatal Medicine	47	103,474	14	29.8	16	34.0
Nephrology	139	34,988	25	18.0	38	27.3
Neurological Surgery	69	70,483	*	*	24	34.8
Neurology	177	27,476	34	19.2	59	33.3
Neuroradiology	37	131,441	*	*	*	*
Obstetrics & Gynecology	549	8,858	216	39.3	182	33.2
Ophthalmology	211	23,049	32	15.2	75	35.5
Orthopedic Surgery	297	16,375	13	4.4	112	37.7
Otolaryngology	166	29,297	15	9.0	69	41.6
Pain Medicine & Pain Management	47	103,474	10	21.3	14	29.8
Pediatrics**	690	1,960	405	58.7	187	27.1
Physical Medicine & Rehabilitation	97	50,137	30	30.9	*	*
Plastic Surgery	77	63,160	*	*	39	50.6
Preventive Medicine	61	79,726	12	19.7	36	59.0
Psychiatry	330	14,737	114	34.5	140	42.4
Pulmonary Disease	78	62,350	*	*	50	64.1
Radiation Oncology	71	68,497	13	18.3	20	28.2
Radiology & Diagnostic Radiology	345	14,097	68	19.7	140	40.6
Rheumatology	77	63,160	20	26.0	29	37.7
Thoracic Surgery	63	77,195	*	*	31	49.2
Urology	140	34,738	11	7.9	51	36.4
Vascular & Interventional Radiology	24	202,638	*	*	*	*
Vascular Surgery	40	121,583	*	*	10	25.0

Sources: AMA Physician Masterfile (December 31, 2016), Population estimates as of July 1, 2016 are from the U.S. Census Bureau (Release date: December 2016)

* Counts for specialties with fewer than 10 physicians are not shown

** Only those 21 years or younger are included in People Per Physician

*** Only those 65 years or older are included in People Per Physician

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Alabama physician workforce profile, cont.

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		Number	Percent
State Where GME Was Completed for All Active Physicians in State	Alabama	4,267	43%
	Tennessee	483	5%
	New York	437	4%
	Texas	419	4%
	Georgia	400	4%
	Florida	360	4%
	Louisiana	334	3%
	North Carolina	261	3%
	Ohio	235	2%
	Mississippi	215	2%
	All other states	2,521	25%

Practice Locations of Physicians Who Completed GME in State	Alabama	4,267	47%
	Georgia	588	7%
	Florida	580	6%
	Tennessee	442	5%
	Texas	392	4%
	Mississippi	345	4%
	Louisiana	332	4%
	North Carolina	262	3%
	South Carolina	195	2%
	California	173	2%
	All other states	1,432	16%

Notes:
 GME = Graduate Medical Education
 "All other states" includes physicians who completed GME in Canada.
 Source: AMA Physician Masterfile (December 31, 2016)

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CME in 2018

2018 Prescribing and Pharmacology of Controlled Drugs

New Topics, New Speakers!

August 3-5

**Prescribing and Pharmacology of Controlled Drugs,
Sandestin Golf & Beach Resort**

Nov. 17-18

**Prescribing and Pharmacology of Controlled Drugs,
Hyatt Regency Birmingham – The Wynfrey Hotel**

Also ...

Nov. 16

• **NEW Targeted Update for Advanced Nurse Practitioners and Physician Assistants**
(Replaces Collaborative Practice Course)

• **Medical Ethics**

Hyatt Regency Birmingham – The Wynfrey Hotel

For information and to register, go to www.alamedical.org/prescribing.

For questions, call (334) 954-2500 or (800) 239-6272.

Controlled Substance Prescribing, cont.

Qysmia™ and Belviq®. The rules pertaining to prescribing controlled substances for weight loss are found at www.albme.org; Chapter 540-X-17. For any controlled medication for weight loss (other than Qysmia™ or Belviq®), the physician must perform the initial history and physical and plan of care.

PDMP registration is required for all controlled substance prescribers.

The collaborating or supervising physician should be able to access the mid-level's PDMP by logging in to the physician's username and password (not the mid-level's). If the supervising physician is not able to view the PDMP, they can call the help desk at (855) 925-4767, option 1. The physician is responsible for reviewing the mid-level's prescribing quarterly via the PDMP.

- In the new PDMP system, all mid-level prescribers are listed as "delegates." This does not count towards the two non-prescribing delegates that the physician can have.
- The physician and the mid-level practitioner are both responsible for managing the accounts to which

they have access as well as who has access to their accounts. When mid-levels leave a collaborative or supervisory relationship with the physician, mid-levels should remove that physician as a "supervisor" under their account and add their new physician. Likewise, when mid-levels are no longer under the physician's collaborative or registration agreement, the physician should "unapprove" them as delegates. Do not completely delete them as this may take away historical data.

- If pharmacists have any questions regarding controlled substances the mid-level is approved to prescribe, pharmacists should be directed to www.albme.org. Go to 'Look up a Licensee'; enter searchable licensee database; type in provider's first/last names; click "I am not a robot"; and then click on printer button beside the word "details" for the QACSC and/or LPSP.
- All providers with controlled prescription authority should also check their own profile (see above) with the BME. If there is incorrect data or covering physicians are not shown, please contact the collaborative practice or PA

department ASAP at (334) 242-4116.

- QACSC holders are responsible for obtaining at least four hours of Controlled Prescribing CME every two years after the initial 12-hour course. These four hours can be obtained at the four-hour Controlled Prescribing courses at the following venues: Annual NPAA conference (September 15); or the Sunday portion of one of the Medical Association Courses (August 5 or November 18).
- Effective April 9, 2018, websites for registration for the above courses are www.npalliancealabama.org and www.alamedical.org, respectively.
- There is an option of also obtaining these hours from "pre-approved" online courses. Please contact the Nurse Consultants at (334) 242-4116 if this option is desired.
- Any subsequent ("Additional") QACSC application fees will be \$60 (instead of the initial \$110).
- Future changes with regard to the QACSC and LPSP application process include the ability to apply with the Board online. It is expected this process will be in place by the summer of 2018.

Alabama Physician Health Program announces reorganization

The Alabama Physician Health Program (APHP), the Medical Association's confidential resource for physicians and other medical professional with potentially impairing conditions or illnesses, announced in January a reorganization and new staff to better protect the health, safety and welfare of those it serves.

The APHP provides confidential consultation and support to physicians, physician assistants, residents and medical students facing concerns related to alcoholism, substance abuse, physical illness and behavioral or mental health issues. It monitors an average of 280 physicians in Alabama at any given time. These physicians, whether self-referred or mandated, may initially be hesitant to come forward for help, but soon learn the APHP is their best advocate. Now, the APHP has more staff and physicians available to assist when medical professionals need help.

Referrals

Physicians concerned about their personal health and wellbeing or that of a colleague, friend or family member, may contact APHP for a free and confidential consultation. Additionally, any hospital, hospital committee, partner group, practice manager, or others who may have oversight responsibilities for physicians are encouraged to contact APHP to arrange an initial screening. The APHP accepts referrals from any sources. Sources of referrals are strictly confidential and protected by law.

Alabama law requires physicians report any other physician who may be unable to practice medicine with skill and safety to patients by reason of illness, drugs or mental or physician condition. Report to the APHP fulfills this requirement.

MEET THE STAFF

Director

Robert C. Hunt, DMin, ASAM, LPC

Medical Director

Sandra L. Frazier, MD

Associate Medical Directors

James H. Alford, MD

Daniel M. Avery, Jr., MD, FACOG, FACS

Jill Billions, MD

APHP Case Manager

Fay McDonnell

APHP Program Coordinator

Caro Louise Jehle

CONTACT

For more information about APHP, call the confidential, toll-free number at (800) 239-6272 or (334) 954-2596, or email at staff@alabamaphp.org.

Website and online licensure update

You may have noticed that the license renewal site had a different look and feel from last year's. That is because the Board and Commission are updating the internal licensing system to increase ease of use and efficiency; the online renewal system is also being updated. The next phase to be implemented is online completion of all application forms and online submission for those applications that do not require original signatures.

Individuals who are already licensed and/or registered with the Commission and Board will log-in to their Licensee Profile and access applications for pain management, office based surgery, use of lasers, and dispensing physician registrations. Physicians and mid-level practitioners will be able to apply for approval of collaborating/supervising physicians and covering physicians, terminate collaborative and registration agreements, and initiate registration agreements (PAs).

Applicants for initial licensure will be directed to create a profile and complete the application forms online. Registrations that do not require a fee will be submitted online. Some licenses and registrations that require fees will be submitted online, but initial license applications that require an original signature will need to be completed online, printed, and submitted by mail, overnight delivery, or hand delivery.

The Board and Commission are also in the process of developing a new website with a new look and feel that will be easier to navigate and find what you are looking for. The website contains a very large amount of information, and we think the new navigation will be a great improvement.

It is anticipated the online services will be fully available by the summer of 2018 and the new web site by winter 2018.

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 – November 2017

◆ On Nov. 21, the Commission issued a Consent Order placing on indefinite probation the license to practice medicine in Alabama of **Sanjeev Saxena, MD**, lic. no. MD.24558, Ft. Payne, AL.

MLC – December 2017

◆ On Dec. 18, the Commission issued an Order lifting restrictions previously placed on the license to practice medicine in the state of Alabama of **Yusuf Abiola Mosuro, MD**, lic. no. MD.19479, Houston, TX.

◆ On Dec. 20, the Commission issued an Order revoking the license to practice medicine in Alabama of **Kenneth D. Willis, MD**, lic. no. MD.12320, Huntsville, AL, effective sixty days from the date of the order.

BME – December 2017

◆ On Dec. 13, the Board issued an Order revoking the Alabama Controlled Substances Certificate and Pain Management Registration of **Marie C. Cebert, DO**, lic. no. DO.656, Huntsville, AL.

◆ On Dec. 13, the Board accepted the Voluntary Surrender of certificate of qualification and license to practice medicine in Alabama of **Shepherd A. Odom, MD**, lic. no. MD.5590, Alexander City, AL.

BME – January 2018

◆ On Jan. 10, the Board issued an Order reinstating with conditions the certificate of qualification to practice medicine in Alabama of **Paul A. Roberts, MD**, lic. no. MD.24557, Dora, AL.

◆ On Jan. 17, the Board issued an Order reinstating under probation the Alabama Controlled Substances Certificate of **Odeane H. Connor, MD**, lic. no. MD.23743, Gadsden, AL.

◆ On Jan. 17, the Board issued an Order reinstating the certificate of qualification to practice medicine in Alabama of **James F. Hooper, MD**, lic. no. MD.12618, Tuscaloosa, AL.

MLC – February 2018

◆ On Feb. 1, the Commission issued an Order reinstating on probation the license to practice medicine in Alabama of **Barry Neal Lumpkins, MD**, lic. no. MD.24548, Florence, AL.

◆ On Feb. 1, the Commission issued an Order reinstating on probation the license to practice medicine in

Alabama of **Russell Wayne Stevens, MD**, lic. no. MD.26655, Daphne, AL.

◆ Effective Feb. 8, the Commission placed on indefinite suspension the license to practice medicine in Alabama of **Arnold E. Feldman, MD**, lic. no. MD.10784, Baton Rouge, LA.

BME – February 2018

◆ On Feb. 21, the Board accepted the Voluntary Surrender of the certificate of qualification and license to practice medicine of **Eugene R. Long, MD**, lic. no. MD.16888, Hixson, TN.

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

None to date

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

• **Kevin Patrick Ryan, MD**, lic. no. MD.13442, Auburn AL

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

None to date

“I remind my fellows, residents and medical students that what we do is a privilege. People let us into the most intimate aspects of their lives, and they look to us to help guide them through very complex and delicate situations.”

– Shikha Jain, MD



Alabama Board of Medical Examiners
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2018 BME Meeting Dates

April 12 & 14 July 18 October 17
May 16 August 15 November 15
June 20 September 19 December 12

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

www.albme.org

2018 MLC Meeting Dates

April 18 July 25 October 24
May 23 August 29 November 28
June 27 September 26 December 20

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

QUESTIONS OR ASSISTANCE

Alabama Board of Medical Examiners (334) 242-4116

- Acting Executive** Howard J. Falgout, MD
- Directors:** Mark H. LeQuire, MD
- Legal:** E. Wilson Hunter, *General Counsel*
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- Pain Management Services:** Edwin Rogers, *Director*
- Physician Assistants:** Deana Bozeman, *Director*
- Collaborative Practice:** Patricia Ward, RN, *Nurse Consultant*
Amy Wybenga, CRNP, *Nurse Consultant*

Medical Licensure Commission (334) 242-4153

Executive Assistant: Karen Silas

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