

# *West Virginia Board of Medicine*

## *Quarterly Newsletter*



### REQUIREMENTS IMPOSED ON THE WEST VIRGINIA BOARD OF MEDICINE BY ENROLLED COM. SUB. FOR S.B. 437 RELATING TO SUBSTANCE ABUSE AND PRESCRIPTION DRUG DIVERSION EFFECTIVE JUNE 8, 2012

The State Medical Association, law firms, and government relations specialists have all provided synopses of this multi-faceted, lengthy new law. The focus here will be on the Board of Medicine and its responsibilities.

The first section of the new law (West Virginia Code § 16-1-4), bolstering the requirements for operation of opioid treatment centers or methadone clinics, makes clear that public health system rule making in West Virginia is increasingly focused on these clinics.

The second section for the first time establishes licensing requirements for facilities treating chronic pain management (West Virginia Code § 15-5H-3, *et seq.*) “Chronic pain” is defined, as is “pain management clinic,” and a variety of facilities, practices and programs are exempted from such licensure. The West Virginia Boards of Medicine and Osteopathy are required to collaborate with the DHHR Secretary in the task of developing rules for the licensure of pain management clinics to ensure adequate care, treatment, health, safety, welfare and comfort of patients. The rules may be filed as emergency rules, and at a minimum, the rules must include the process to be followed by applicants for a license:

- the qualifications and supervision of licensed and non-licensed personnel at pain management clinics and training requirements for all facility health care practitioners who are not regulated by another board;
- provision and coordination of patient care, including development of a written plan of care; management, operation, staffing and equipping the pain management clinic; clinical, medical, patient and business records kept by the pain management clinic;
- procedures for inspections and for review of utilization and quality of patient care;
- standards and procedures for the general operation of a pain management clinic, including facility operations, physical operations, infection control requirements, health and safety requirements and quality assurance;

#### INSIDE THIS ISSUE

Enrolled Com. Sub. for S.B. 437	1-2
Board Contact Numbers	2
Rules 11 CSR 1B, 11 CSR 6 and 11 CSR 10	2-3
Board Staff	3
Responsible Opioid Prescribing License Renewal 2012	4
Board Actions	5-6
Clarifying “Board Eligible” Board Members	7
Change of Address Info Email Addresses Board Meeting Dates	8

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*continued from page 1*

- identification of drugs that may be used to treat chronic pain that identify a facility as a pain management clinic, including, at a minimum, tramadol and carisoprodol;
- any other criteria that identify a facility as a pain management clinic;
- standards and procedures to be followed by an owner in providing supervision, direction and control of individuals employed by or associated with a pain management clinic;
- data collection and reporting requirements;
- other standards or requirements as the Secretary determines are appropriate.

A section at West Virginia Code § 30-1-7a does away with “end-of-life including pain management.” Drug diversion training and best practice prescribing of controlled substances training now is required, unless a licensee attests on a Board-developed certification form that he/she has not prescribed, dispensed/administered a controlled substance during the subject reporting period: one (1) year for a new licensee, the two (2) year renewal period for other licensees. (The Board has prepared the required certification forms and is currently in the process of amending both its continuing education rule for physicians and podiatrists, 11 CSR 6, as well as its physician assistant rule, 11 CSR 1B, to require three (3) hours of drug diversion training and best practice prescribing of controlled substances training. Those rules will not be effective until 2013.) See page 3 of this Newsletter.

The Board of Medicine is required to implement an emergency and a legislative rule, both relating to requiring the prescribers/dispensers to access the West Virginia Controlled Substances Monitoring Program (CSMP) database for information on specific patients for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic non-malignant pain but who are not suffering from a terminal illness. Information obtained must be documented in the medical record. If you are required to access the CSMP database and you fail to do so, the Board of Medicine may discipline you. (The Board of Medicine has filed the rule, 11 CSR 10, with the Secretary of State and the Legislative Rule Making Review Committee, as required, as both an emergency rule and a legislative rule with a comment period ending July 20, 2012. They may be viewed at [www.wvbom.wv.gov](http://www.wvbom.wv.gov).) The emergency rule is in effect now.

There are a variety of other changes in the law, many of which are designed to improve the drug diversion and abuse epidemic in which the Board will remain actively involved.

**PLEASE NOTE**

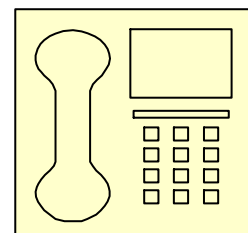
Extension numbers for the Board staff have changed.  
(see listing on page 3)

The following numbers remain unchanged:

Main Number: 304.558.2921

Fax Number: 304.558.2084

Toll Free Consumer Complaint Number: 1.877.867.6411



**PROPOSED AMENDMENTS TO BOARD RULES 11 CSR 1B AND 11 CSR 6**

Due to new legislation enacted in 2012, Rule Series 1B, Licensure, Disciplinary and Complaint Procedures, Continuing Education, Physician Assistants, is being amended at this time. A comment period on the proposed amendments ends on August 10, 2012, at 3:00 p.m. Go to the Board’s website [www.wvbom.wv.gov](http://www.wvbom.wv.gov) to view the proposed amendments.

Again, due to new legislation enacted in 2012, as well as initiatives of the American Board of Medical Specialties, Rule Series 6, Continuing Education for Physicians and Podiatrists, is in the process of amendment. A comment period on the proposed amendments ends on August 10, 2012, at 3:00 p.m. You may find the proposed amendments on the Board’s website.

**COMMENT PERIOD ENDING JULY 20, 2012, ON 11 CSR 10**

Remember, 11 CSR 10 comments may be filed up until July 20, 2012, at 4:30 p.m. on a new Board of Medicine Proposed Legislative Rule entitled “Practitioner Requirements for Accessing the West Virginia Controlled Substances Monitoring Program Database.” This is an important new rule mandated by the provisions of Enrolled Com. Sub. for S.B. 437, relating to substance abuse and drug diversion enacted in 2012. To view the rule, go to [www.wvbom.wv.gov](http://www.wvbom.wv.gov). News about the proposed rule is on the homepage. Simply click on the link in the news item to review the proposed rule itself. \*\*also see article below\*\*

**11 CSR 10 IS CURRENTLY IN EFFECT AS AN EMERGENCY RULE**

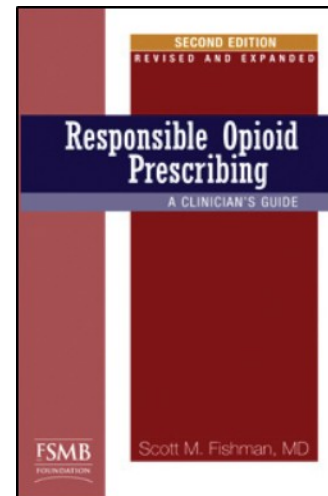
The rule in effect contains a definition of “chronic nonmalignant pain” which is currently not in the proposed Legislative Rule 11 CSR 10. To view the emergency rule in effect now, go to [www.wvbom.wv.gov](http://www.wvbom.wv.gov). Click on the link on the homepage.

Staff of the West Virginia Board of Medicine 304.558.2921		
Ext #		
70005	Robert C. Knittle, M.S.	Executive Director
70009	Deborah Lewis Rodecker, J.D.	General Counsel
70007	Rebecca L. Stepto, J.D.	Disciplinary Counsel
70001	M. Ellen Briggs	Executive Assistant
70000	Tina R. Gay	Paralegal
70002	Wendy L. Greene	Physician Assistant Coordinator
70003	Leslie A. Inghram, CMBI	Supervisor of Investigation and Complaints
70004	Kimberly Jett	Receptionist/Certification and Verification Coordinator
70006	Austin Miller	Information Systems Coordinator
70008	Charlotte Ann Pulliam	Complaint Coordinator
70010	Deborah D. Scott	Fiscal Officer
70011	Sheree J. Thompson	Licensure Analyst
70012	Teresa L. Westfall	Records Management Assistant

**RESPONSIBLE OPIOID PRESCRIBING: A CLINICIAN'S GUIDE**  
**SECOND EDITION**  
**NOW AVAILABLE FOR ONLINE PURCHASE**

The Federation of State Medical Boards has launched a newly revised second edition of *Responsible Opioid Prescribing: A Clinician's Guide*. The expanded edition offers important new material, including research on opioid prescribing not available when the first edition was published in 2007, and updated recommendations for prescribers. *Responsible Opioid Prescribing* translates best-practice guidelines from leading pain medicine societies and the Federation of State Medical Boards into pragmatic steps for risk reduction and improved patient care, including:

- Patient evaluation, including risk assessment;
- Treatment plans that incorporate functional goals;
- Informed consent and prescribing agreements;
- Periodic review and monitoring of patients;
- Referral and patient management;
- Documentation;
- Compliance with state and federal law;
- Patient education on safe use, storage and disposal of opioid medications; and
- Termination strategies for chronic therapy.



Since publication of the first edition, *Responsible Opioid Prescribing* has been widely used and supported in the medical and regulatory communities as the leading continuing medical education (CME) activity for prescribers of opioid medications. *Responsible Opioid Prescribing* has received CME accreditation by the University of Nebraska Medical Center, with support from the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment.

The new edition of *Responsible Opioid Prescribing* may now be ordered at [www.fsmb.org/cme](http://www.fsmb.org/cme).

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## LICENSE RENEWAL - 2012

As of June 30, the West Virginia Board of Medicine completed its annual license renewal for all medical doctors whose last names begin with the letters A through L. A total of 3,746 medical doctors were eligible to renew their licenses this year. From this total, 2,975 medical doctors renewed their licenses in ACTIVE status. An additional 351 medical doctors renewed in INACTIVE status. Further, 390 medical doctors chose to no longer hold a license in West Virginia.

Of those medical doctors who did renew their licenses, 81% renewed online. The Board of Medicine will continue to increase its efforts to improve the online renewal system with the ongoing goal of this system serving as the primary vehicle for the renewal process.

In order for the Board to communicate to you important notices and relevant information, it is essential that you notify the Board of any and all address and e-mail changes which occur. Please note that there is a Change of Address Form located on the Board's website at [www.wvbom.wv.gov](http://www.wvbom.wv.gov).



## BOARD ACTIONS April 2012 - June 2012



BLACKSBERG, ILENE RAE, M.D. - Fairmont, WV (06/22/2012)

WV License No. 16236

Board Conclusion: A condition of the October 9, 2009, Consent Order is: "Should Dr. Blacksberg be hospitalized during the period of the Consent Order, Dr. Blacksberg's license shall immediately be placed on INACTIVE status." On June 13, 2012, Dr. Blacksberg notified the Board that she was hospitalized at that time.

Board Action: Dr. Blacksberg's license to practice medicine in the State of West Virginia is placed on INACTIVE status effective June 22, 2012.

BOGGS, LINDA RITA, P.A.-C. - Logan, WV (04/24/2012)

WV License No. 00005

Board Conclusion: Ms. Boggs has now provided to the Board documentation establishing her successful completion of a continuing medical education course on the subject of the appropriate prescribing of controlled substances which had been approved in advance by the Board.

Board Action: The physician assistant license of Ms. Boggs is hereby REINSTATED effective April 24, 2012.

CLARKE, KEVIN MICHAEL, M.D. - Fairmont, WV (05/22/2012)

WV License No. 15547

Board Conclusion: Probable cause exists to substantiate charges against Dr. Clarke for unprofessional conduct and inability to practice medicine competently.

Board Action: Effective May 22, 2012, Dr. Clarke's license to practice medicine and surgery in the State of West Virginia is hereby REINSTATED and the suspension previously mandated by the Board's Order of May 16, 2011, is LIFTED. Dr. Clarke is placed on PROBATION for the remainder of the original five (5) year period of suspension set forth in the May 16, 2011, Order. Such probation terminates on May 16, 2016. During the first six (6) months of the probationary period set forth, Dr. Clarke shall limit his work hours to forty (40) hours per week. Subsequent to his first six (6) months of probation, Dr. Clarke may request the Board to allow him to increase his work hours to sixty (60) hours per week during the second six (6) months of probation if he establishes that he is able to successfully comply with the terms of the Consent Order. Subsequent to his first year of probation, Dr. Clarke may request the Board to remove any work restrictions if he has complied with the terms of the Consent Order. Dr. Clarke shall appear before or meet with the Board, its committee(s) or member(s) regarding his status as a probationary licensee as requested by the Board or its Complaint Committee. At its discretion, the Board may obtain information from the Marion County prosecutor, magistrate court, circuit court or adult probation office as to Dr. Clarke's compliance with his probation order. The Board retains jurisdiction in this matter and may, at its sole discretion, initiate a new complaint based upon any violation of the Consent Order.

CORBITT, SHANE A., P.A.-C. - Parkersburg, WV (06/08/2012)

WV License No. 01164

Board Conclusion: Relating to unprofessional conduct and prescribing without maintaining NCCPA certification.

Board Action: Mr. Corbitt is PUBLICLY REPRIMANDED for continuing to practice as a physician assistant when he was not certified by the NCCPA. Mr. Corbitt paid a civil fine in the amount of \$250.

GABER, TAMER M., M.D. - Morgantown, WV (05/21/2012)

WV License No. 24645

Board Conclusion: Due to possible imminent danger to the public safety, health or welfare, Dr. Gaber's license to practice medicine and surgery is SUMMARILY SUSPENDED as a result of his mental impairment.

Board Action: The Board SUMMARILY SUSPENDED the license of Dr. Gaber effective May 22, 2012, at 9:00 a.m. Dr. Gaber was notified of hearing to be held on June 2, 2012, at 11:00 a.m.

GABER, TAMER M., M.D. - Morgantown, WV (06/07/2012)

WV License No. 24645

Board Conclusion: Due to imminent danger to the public safety, health or welfare, Dr. Gaber's license to practice medicine and surgery is REVOKED as a result of his mental impairment and being unqualified to practice medicine in West Virginia.

Board Action: The Board REVOKED the license of Dr. Gaber effective June 10, 2012, at 12:01 a.m.

*continued on page 6*



## BOARD ACTIONS April 2012 - June 2012



*continued from page 5*

GODFREY, LARRY JAMES, M.D. - Parkersburg, WV (06/06/2012)

WV License No. 22722

Board Conclusion: Dr. Godfrey failed to comply with the Board's requests for written documentation of successful completion of the CME requirements, engaged in unprofessional conduct, made an incorrect statement in connection with his license renewal application and obtained renewal of license by fraudulent misrepresentation.

Board Action: Effective June 21, 2012, Dr. Godfrey's license to practice medicine and surgery is REVOKED.

GRAHAM, CECIL CURTIS, M.D. - Phoenix, AZ (05/21/2012)

WV License No. 14895

Board Conclusion: Probable cause exists to substantiate charges against Dr. Graham relating to unprofessional conduct and failure to perform a legal obligation placed upon a licensed physician relating to the supervising of physician assistants.

Board Action: Dr. Graham is hereby PUBLICLY REPRIMANDED and shall pay a CIVIL FINE in the amount of \$5,000. Dr. Graham's licensure status with the Board shall be allowed to automatically expire on June 30, 2012, as he now practices medicine in the State of Arizona.

IMAM, NAIYER, M.D. - Roanoke, VA (04/09/2012)

WV License No. 21859

Board Conclusion: Probable cause exists to substantiate charges relating to unprofessional conduct including a departure from the standards of acceptable and prevailing medical practice and having his license acted against in another state.

Board Action: Dr. Imam is PUBLICLY REPRIMANDED for improperly interpreting a computerized tomography scan, which resulted in his failure to appropriately diagnose the extent of a patient's thoracic aortic dissection. Within six (6) months following the entry of this Consent Order, Dr. Imam shall submit written documentation to the West Virginia Board substantiating his completion of eight (8) hours of continuing medical education credits ordered by a Texas Agreed Order on the subject of radiologic evaluation of chest and aorta. Dr. Imam shall provide evidence that he has complied with the remaining provisions of the Texas Agreed Order, including proof that he paid the administrative penalty in the amount of \$2,000. The Board retains jurisdiction in this matter and may, in its sole discretion, initiate a new complaint based upon any violation of this Order.

SAEED, ALYAMAN, M.D. - Leesburg, VA (4/23/2012)

WV License No. 20397

Board Conclusion: Probable cause exists to deny Dr. Saeed an active license to practice medicine and surgery relating to failing to comply with the Board's requirements relating to continuing medical education.

Board Action: Dr. Saeed is GRANTED active status for Medical License Number 20397 in the State of West Virginia effective April 23, 2012. Dr. Saeed paid a FINE of \$1,000 for failing to comply with the Board's CME requirements.

TURPIN, EDWARD MCDANIEL, JR., M.D. - Decatur, AL (04/20/2012)

WV License No. 16850

Board Conclusion: For the time period July 1, 1993, to present, Dr. Turpin was unable to produce documentation showing that he had completed fifty (50) hours of continuing medical education (CME) for each two (2) year period since 1993, and therefore Dr. Turpin was not in compliance with the Board's continuing medical education requirements relating to the renewal of his medical license.

Board Action: Dr. Turpin is GRANTED active status for Medical License Number 16850 in the State of West Virginia effective April 20, 2012. Dr. Turpin paid a FINE of \$1,000 for failing to comply with the Board's CME requirements.

## THANK YOU, ABMS, FOR CLARIFYING “BOARD ELIGIBLE”

The American Board of Medical Specialties has implemented a rule that became effective on January 1, 2012, which is aimed at preventing abuse by physicians who may have misused the term “Board Eligible” for their entire careers.

Pursuant to the new rule, Boards which are members of the ABMS will develop a plan for physicians who have finished residency training, have not yet been initially certified by a Member Board, but who are legitimately preparing for such certification. After the time limit set by the Member Board to receive Board Certification subsequent to the completion of residency, a physician continuing to designate himself or herself as Board Eligible who has not achieved Board Certification will be considered breaching ethical standards.

The ABMS Board Eligibility Fact Sheet sets forth the rationale for the rule, and the Fact Sheet and the ABMS Member Boards’ Board Eligibility Periods and Transition Dates set by each of the twenty four (24) ABMS Member Boards, may be viewed at the ABMS website at [http://www.abms.org/News\\_and\\_Events/Media\\_Newsroom/Releases/release\\_BoardEligibilityLimits\\_05302012.aspx](http://www.abms.org/News_and_Events/Media_Newsroom/Releases/release_BoardEligibilityLimits_05302012.aspx).

**CHICAGO – May 30, 2012** – Limits to the number of years that can elapse between a physician’s completion of residency training and achievement of Board Certification have been established by American Board of Medical Specialties (ABMS) and its Member Boards. The time limits set by each of the Member Boards can be viewed at [http://www.abms.org/News\\_and\\_Events/downloads/ABMS\\_Board\\_Eligibility\\_Policy\\_by\\_Board\\_060612.pdf](http://www.abms.org/News_and_Events/downloads/ABMS_Board_Eligibility_Policy_by_Board_060612.pdf).

Although ABMS and its Member Boards have never recognized or defined the term “Board Eligible,” physicians often use the term to signal to patients, prospective employers and others that they intend to become Board Certified. A new policy approved by the ABMS Board of Directors that went into effect Jan. 1, 2012, makes it legitimate to claim Board Eligibility during a specified time, but prevents abuse by those who use the designation indefinitely. Under the plan, Member Boards will establish and implement a transition plan for candidates who have completed residency training but not yet achieved initial certification as of the effective policy date. As of Jan. 1, 2019, the transition period is complete and the policy is in full effect applicable to all candidates for certification by the Member Board. The transition date can be found on the attached chart as well.

“ABMS and its Member Boards believe very strongly that patients, health systems and others who have a stake in high quality health care have a right to know what it means when physicians call themselves Board Eligible,” said Lloyd B. Morgan, ABMS interim chief executive. “It is a disservice to these stakeholders to allow physicians to use the designation indefinitely without undergoing the rigorous process of Board Certification.”

A physician who does not become Board Certified within the allotted time must restart the process according to the requirements of the Medical Board that oversees Certification in his or her specialty. Physicians also will face sanctions if they designate themselves as “Board Eligible” beyond the established time limits.

Unlike medical licensure, Board Certification is voluntary. As part of the process, physicians also must commit to participation in the ABMS Maintenance of Certification® (ABMS MOC®) program, which promotes lifelong learning and self-assessment for physician specialists.

### West Virginia Board of Medicine Board Members

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Morgantown

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Beckley

**Beth Hays, M.A.**  
Bluefield

**Cheryl Henderson, J.D.**  
Huntington

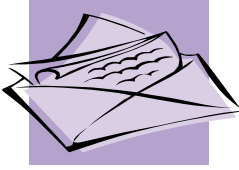
**Carlos C. Jimenez, M.D.**  
Glen Dale

**G. Mark Moreland, M.D.**  
Nitro

**Kenneth C. Nanners, M.D.**  
Wheeling

**Badshah J. Wazir, M.D.**  
South Charleston

**Kenneth Dean Wright, P.A.-C.**  
Huntington



## CHANGE OF ADDRESS INFORMATION

NOTE: There is a Change of Address Form located on the Board's website at [www.wvbom.wv.gov](http://www.wvbom.wv.gov). By law, a licensee of the Board of Medicine must keep this office apprised of any and all address changes. The preferred mailing address of a licensee is the licensee's address of record, which is public information. The telephone number and email address are not treated as public information.

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## EMAIL ADDRESSES



Since the Board is no longer mailing paper copies of its newsletter, it is important that you keep us apprised of your current email address. As licensees of this Board, you are charged with knowledge of the contents of each newsletter.

To provide a current email address, please send an email containing your name and license number to the Board at [wvbomnewsletter@wv.gov](mailto:wvbomnewsletter@wv.gov).

REMEMBER, all newsletters may be accessed at our website at [www.wvbom.wv.gov/newsletter.asp](http://www.wvbom.wv.gov/newsletter.asp). Publication dates are: January, April, July, and October.

### WEST VIRGINIA BOARD OF MEDICINE 2012 MEETINGS

July 9  
September 10  
November 5

ALL BOARD MEETINGS BEGIN AT 9:00 A.M.