Letter From the President

by Ahmed D. Faheem, MD

It has been nearly a year since I took over as the president of the West Virginia Board of Medicine. It is a great honor and pleasure to be entrusted with this responsibility, and I can’t believe how quickly the year has gone. However, I am very glad to report that it has been a very productive and excellent year. Obviously, I cannot take the credit. It has been a total team effort. I am blessed with highly competent team members, both on the administrative side and my fellow board members.

To start with, I have to give a lot of credit to our executive director, Bob Knittle, board attorney Jamie Alley, and all of our board members and employees. The team has worked very well and the board seems to be functioning without any major hitches. We were able to achieve successes in several aspects of our work, but in particular legislatively by becoming the fifth state in the nation to get the Interstate Medical Licensure Compact bill through our Legislature and subsequently signed by Gov. Earl Ray Tomblin. This will help expand access to care, facilitate multistate practice and support telemedicine while preserving each state’s medical regulatory authority in the protection of the public.

The various committees of the board, under the great leadership of various board chairs, are functioning well. Our workload is significant; however, with the hard work, diligence and team process that has been set up, it seems to flow pretty smoothly. We have been able to get excellent results while always being respectful of due process.

We are well aware of the major issues facing our state, particularly related to opioid prescription abuse and overdose deaths. We have been actively involved with the Federation of State Medical Boards in the development of appropriate rules and safeguards with regard to opioid prescriptions. In addition, the board has also established mandatory educational CME requirements in our state at each licensure cycle, while working closely with various other regulating entities.

In this regard, I had the opportunity to attend the annual FSMB meeting in Fort Worth,

(continued on page 2)
Letter From the President

Continued from page 1

Texas recently along with our delegation, which included staff members Bob Knittle, Jamie Alley and Rev. O. Richard Bowyer, our past president. We were able to learn a lot with regard to what is happening, and also had the opportunity to hear some ideas and learn more about the work that is being done by regulating agencies like the U.S. Drug Enforcement Administration. There was excellent opportunity to network, learn from other boards, which were well-represented, and attend different discussions which were very informative.

Going forward, we are re-examining our efforts to enhance more open communication with regard to our activities and look for new ways to get information to our licensees and the public alike. Through ongoing updates and scrutiny of existing standards and regulation, we strive to remain responsible and effective as a board, on behalf of the citizens of this state as well as the physicians, podiatrists and physician assistants who practice here. It is important to all that clear, relevant standards and regulations be maintained and upheld.

I am proud to say that we do have a great number of physicians who take their responsibilities very seriously, have no problems, and are a credit to the medical community in West Virginia. However, as an effective board, those few who fall short of practicing in a responsible manner will be held accountable.

These are the challenges that confront medical boards across the country and our board is ready to accept and deal with the same.

2015 Legislative Update

The 2015 legislative session was an active one for the West Virginia Board of Medicine. According to Thom Stevens in Health Care Highlights, 1,607 bills were introduced during the session, of which 282 were health care related.

Fifty-five of the 261 bills enacted by the Legislature and sent to the Governor for approval were health care related.

The Board of Medicine supported the introduction of three bills for consideration this year. Unfortunately, SB 334, related to telemedicine and specific licensure exemptions, did not make it past its last stop in the House Judiciary Committee. The bill died along with 83 other bills in Judiciary as time simply ran out on the session.

The two other bills fared much better. Senate Bill 197 contained the legislative rule 11CSR1B pertaining to physicians assistants. The bill largely mirrored the emergency rule the board developed in the spring of 2014 pursuant to the West Virginia Physician Assistants Practice Act passed earlier that year. As a rule bill, SB 197 moved smoothly through the legislative process and was eventually bundled into SB 199, which passed and was signed by the Governor. The final rule was submitted to the Secretary of State’s office and went into effect May 15.

Of noteworthy interest was the passage of HB 2496 – The Interstate Medical Licensure Compact Act. A separate article about the legislation is included in this newsletter. (See page 5) Work on the Compact legislation began more than a year prior to its introduction, with involvement of both the allopathic and osteopathic medical boards as part of a multi-state task force.

West Virginia participates in more than 30 such interstate compacts in a wide variety of areas. Compacts allow states to work collaboratively to their mutual benefit while retaining state rights and autonomy. By facilitating multistate cooperation, compacts also allow states to retain regulatory authority over certain subject matters rather than ceding such authority to the federal govern-

(continued on page 3)
The board has received a number of inquiries regarding HB 2776, which would have allowed mid-level practitioners such as physician assistants and advanced practice registered nurses to prescribe hydrocodone combination products, despite the reclassification of such drugs as Schedule II controlled substances. This bill subsequently was vetoed by Gov. Earl Ray Tomblin because of technical errors and did not become law.

The law went into effect on May 27. The board must now require its licensees to attest to having successfully completed this mandated CME, beginning with the licensure renewal process in 2016 for physicians, and in 2017 for physician assistants and podiatrists.

Board Members

President – Ahmed Faheem, M.D. – Beckley
Vice President – R. Curtis Arnold, D.P.M. – South Charleston
Secretary – Rahul Gupta, M.D., M.P.H. – Charleston
Reverend O. Richard Bowyer – Fairmont
Rusty Cain, D.P.M. – Fairmont
Kishore K. Challa, M.D. – South Charleston
Michael Ferrebee, M.D. – Fairmont
Cathy M. Funk, M.D. – Martinsburg
Beth Hays, M.A. – Bluefield
Cheryl Henderson, J.D. – Huntington
Carlos C. Jimenez, M.D. – Glen Dale
Kenneth C. Nanners, M.D. – Wheeling
Mustafa Rahim, M.D. – Beckley
Matthew Upton, M.D. – Dunbar
K. Dean Wright, P.A.-C. – Huntington
Leadership Update…

We are quickly coming up on completing the first year under Dr. Ahmed Faheem’s leadership as president and Dr. Curtis Arnold’s leadership as vice president. As was the case under the past president, Reverend Richard Bowyer, it has been a very active year full of legislative accomplishments, systemic improvements and internal updates. Under such able leadership, board members continue to embrace the challenges before them and prepare for the future.

Within the past year, two changes have occurred in the Board of Medicine membership. We are pleased to announce the appointment of Mustafa Rahim, M.D., to the board in October 2014. Dr. Rahim has been a licensed, actively practicing physician in West Virginia since 1995 and maintains a successful Internal Medicine practice in the Beckley area including hospital privileges at Raleigh General Hospital and Beckley ARH. Dr. Rahim serves on the Physician Assistant Committee and the Licensure Committee.

Dr. Rahim filled the seat of M. Khalid Hasan, M.D., who, in September 2014, completed his second and final appointment to the board. Dr. Hasan served as a reliable and valuable contributor to the board for more than 13 years, most notably on the Licensure and the Legislative Committee, which he had recently chaired.

Within the same time period, we were very pleased to receive notice from Gov. Earl Ray Tomblin of the reappointments of Drs. Faheem and Cathy Funk for second five-year terms. Congratulations are in order to both of these active contributing board members.

In December 2014, we learned that Letitia Tierney, M.D., was stepping down from her post as commissioner of the Bureau for Public Health and, thusly, from her seat on the board. During the prior year, Dr. Tierney quickly became an active and involved member of the board and ably performed her duties as secretary of the board.

Following prompt action by Cabinet Secretary Karen Bowling of the state Department of Health and Human Resources, Rahul Gupta, M.D., M.P.H. was appointed as the new commissioner of the Bureau of Public Health, effective Jan. 1, and by statute assumed the office of secretary for the Board of Medicine.

Immediately prior to his appointment as commissioner, Dr. Gupta served as the health officer and executive director of the Kanawha-Charleston Health Department and concurrently as the executive director and health officer of the Putnam County Health Department for a shorter period of time. Additionally, he has served in the National Association of County and City Health Officials (NACCHO) governance board, including the executive committee, for several years. Dr. Gupta is well-published and holds assistant and adjunct associate professorships at West Virginia University and the University of Charleston’s School of Pharmacy, as well as serving as medical consultant and teaching staff member at Charleston Area Medical Center.

We are grateful for the contributions Drs. Tierney and Hasan have made, and looking forward are very pleased to have the additional expertise and professionalism offered by Drs. Rahim and Gupta.
On March 31, West Virginia joined four other states in enacting the Interstate Medical Licensure Compact, which supports medical license portability between states and expands access to health care, particularly to those in rural, underserved areas.

Since then, four more states have passed similar legislation and several other states are moving closer to adoption.

This important legislation streamlines the process to allow physicians to be licensed in multiple states. It does not change West Virginia’s medical practice standards. It simply establishes a voluntary, expedited pathway for physicians to seek medical licenses in multiple states, while ensuring state regulatory oversight necessary to protect patients.

The legislation clarifies that the physician must be licensed in the state where the patient is located. It further affirms that the practice of medicine occurs where the patient is located at the time they are treated by a physician.

Gov. Earl Ray Tomblin signed the legislation (passed by the Legislature as HB 2496) with an effective date of June 10. The bill had overwhelming, bipartisan support in both the state Senate and House of Delegates, and received strong endorsements from both the West Virginia Board of Medicine and the West Virginia Board of Osteopathic Medicine, as well as the Federation of State Medical Boards.

The Interstate Medical Licensure Compact recognizes the realities of modern medicine and the ongoing development of telemedicine and other medical technologies. It’s a common-sense solution that is gaining momentum across the country. We are grateful to the Legislature for its timely and decisive action on this matter, and to the governor for his recognition of the value and potential of the Compact in years to come.

At the time of Gov. Tomblin’s signature, West Virginia joined Idaho, South Dakota, Utah and Wyoming among states that had approved Interstate Compact legislation. Since then, Alabama, Minnesota, Montana and Nevada have enacted legislation. A bill remains pending in Illinois, while Pennsylvania and Wisconsin also are considering Interstate Compact bills.

To formalize the Compact agreement, it had to be enacted in at least seven states or U.S. jurisdictions. Fulfilling that requirement now triggers formation of the Interstate Medical Licensure Compact Commission, which will establish the managerial and administrative structure of the Compact.

The Interstate Compact Commission will meet later this year. Members of the Commission will include two voting representatives appointed by each member state. Commissioners will be selected from:

- Allopathic or osteopathic physicians appointed to a member board;
- Executive directors, executive secretaries, or similar executives of a member board; or,
- Members of the public appointed to a member board.

The model Interstate Medical Licensure Compact legislation was developed by a workgroup of medical boards from across the country and released in September 2014. Since then, nearly 20 states have formally introduced the legislation, and nearly 30 state medical and osteopathic boards have publicly expressed support for the concept.

Under the legislation, the Commission will facilitate multistate physician licensure for highly qualified physician applicants who meet eligibility criteria. Member states will also be allowed to collaborate on disciplinary matters.

For more information about the Interstate Medical Licensure Compact, [click here](#).
The West Virginia Board of Medicine (in accordance with WV Code §30-1-12(b)) submitted its annual report to Gov. Earl Ray Tomblin and the Legislature in January 2015. The report contains information regarding medical doctors, doctors of podiatric medicine and physician assistants, as well as complaint information. The following graphs and tables represent information contained within the report. To view the annual report in its entirety, please click here.

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The unveiling of the redesigned website coincided with the switch to the new database. Feedback on the new website has been very positive regarding its look and functionality. This updated electronic capability has allowed the board to move from paper to electronic filing. It has also allowed the board to offer online renewal applications to be submitted electronically to the board, in addition to the Medical License Uniform Application for physicians who are initially filing for a license to practice medicine and surgery in our state.

These are substantial strides in the efficiency of the board office and the security of the information in our possession. The flexibility of this system allows for future improvements and upgrades without major disruption in function. Let us know how it works for you.

New Database, New System, New Look

On January 29 – after 10 months of focused, hard work – the Board of Medicine switched to a new, modern database system. Through the competitive bid process, the board secured a contract with Albertson Consulting for the purchase, set up, training and implementation of the Big Picture licensure management software program.

The contract includes a content management system, administrative interface and cloud-based documentation program for the board’s operations in the areas of licensing, renewals, discipline and regulation. The importation of data from the previous system is all but complete and will allow for greater flexibility in data management at a variety of levels. The transition has gone smoothly, with no major issues or loss of information.

The final component of our contract with Albertson Consulting was for the redesign of the board website. The unveiling of the redesigned website coincided with the switch to the new database. Feedback on the new website has been very positive regarding its look and functionality.

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The West Virginia Medical Professionals Health Program (WVMPHP) is in its eighth year of protecting the public by providing a mechanism for the successful rehabilitation of impaired physicians and their return to the safe, monitored practice of medicine.

The WVMPHP is the only physician health program recognized by both the West Virginia Board of Medicine and the West Virginia Board of Osteopathic Medicine. Now in its second year of five-year agreements with the boards, our vision is, “improving the health of West Virginians through promoting the well-being of West Virginia physicians, podiatrists, physician assistants and other licensed health care professionals.”

The program has helped nearly 170 signed participants to date, of whom 80 continue under an agreement impacting 32 hospitals/medical schools and many other areas of medicine. The WVMPHP also has served more than 100 others who have sought assistance and guidance, but were not formally engaged with the program. Less than one-third of signed participants were referred by their licensure board formally through consent order or informally through direct contact. The vast majority have voluntarily sought assistance and guidance.

Of those who have completed the initial phase of treatment and are under contract, 90 percent have remained abstinent, licensed and are practicing safely. These participants represent 24 specialties; the most frequently represented include family practice, emergency medicine, internal medicine and Ob/Gyn. Sixty percent of current participants had previous issues and recurrence of their chronic medical condition, further supporting the need of our physician health program and long-term guidance, assistance and monitoring. Twenty-two percent of current participants are medical students and/or residents, reflecting on the effectiveness of early intervention in salvaging careers.

During initial evaluation, some were found to have some type of impairment (physical or on initial neuro-cognitive testing), most of which resolved with treatment. A few remain impaired and are disabled because of physical disorders detected or persistence of cognitive impairment. Many detected impairments were unrelated to the original issues leading to participation. A few individuals have residual impairment because of the “qualifying condition of participation” (mental illness or substance use disorder) or other unrelated physical disorders. These initial and permanent impairments may not have been detected had they not sought the assistance and guidance of, or had they not been referred to, the WVMPHP.

The WVMPHP has served WV well beyond services to physicians, podiatrists and physician assistants. We have a direct involvement in the Governor’s Advisory Council on Substance Abuse (GACSA), providing input to legislation (Senate Bill 437, March 29, 2012) that enhances regulation, monitoring and enforcement to prevent doctor shopping and increases accountability for those prescribing and dispensing prescription drugs. The WVMPHP continues to be actively involved in the implementation process.

The WVMPHP also collaborates with other state organizations to provide assistance and guidance in a multitude of ways.

The WVMPHP, in collaboration with WVU Healthcare and the state Department of Health and Human Resources (supported by Substance Abuse and Mental Health Services Administration grant funds administered through the Bureau for
Behavioral Health and Health Facilities), produced the “Clinician’s Pocket Guide for Drugs, Alcohol and Tobacco Screening, Brief Intervention, Referral & Treatment.” This six-fold guide for treatment professionals contains a wealth of information regarding alcoholism and drug addiction. The guide was distributed to all licensed physicians, physician assistants and podiatrists throughout West Virginia.

Specifically, the guide focuses on tobacco, alcohol, prescription medication and illicit drugs among various populations, from adolescence to the elderly, and even programs for pregnant mothers. Components of screening, intervention, patient tools (including assessment, urine toxicology and opioid conversions), and a section on commonly abused substances other than alcohol, nicotine and caffeine are included. There is a wealth of other useful information, including treatment resources. The guide can be accessed from our website.

The WVMPHP’s other current grant projects include:
- The Addiction Treatment Institute;
- Updating of the West Virginia State Medical Association’s three-hour licensure board required CME, to be available on the WVMSA website;
- Production of the WVMPHP’s “Recognition of Potential Impairment” DVD and online webinar to assist health professionals of all disciplines in recognizing potential impairment among their colleagues because of behavioral or addictive illness;
- Coordination of a medical education advisory committee on physician education related to GACSA goals;
- A BBHHF educational event targeting providers to integrate behavioral health and addiction treatment in the improved delivery of services; and,
- A statewide mailer to all licensees to provide basic educational sources including the most recent Naloxone legislation and associated links for additional education.

Nationally, the WVMPHP has had direct involvement in the creation of:

- The American Society of Addiction Medicine’s public policies on physician health (go to document);
- The Federation of State Medical Board’s updated Impaired Physician Policy (go to document); and,
- The American Board of Medical Specialties credentialing process as it relates to potentially impairing illness.

Since inception, the WVMPHP has provided more than 90 educational lectures to 7,000 physicians, hospitals, medical staffs, medical societies, students and residents in state and national venues. These include engagements with the U.S. Food & Drug Administration; lawyer’s assistance programs; other state physician health programs and coalitions on physician education; the American Dental Association; and a multitude of others. The WVMPHP and its board members continue active involvement with medical and legislative committees, hospitals, credentialing bodies, malpractice carriers, insurance payers and others.

Through the WV Medical Professionals Health Program, West Virginia has created a safe system with the underlying principles of communication, collaboration, transparency and accountability to the benefit of all.

The WVMPHP also is making a difference in the lives of West Virginians through activities which extend well beyond the scope of providing assistance and guidance to ill health care professionals, to the benefit of West Virginia and the public we serve.

P. Bradley Hall, MD, is executive medical director of the WVMPHP. He can be contacted at bhallmd@wvmphp.org; 304-933-1030.
Among many ongoing efforts to combat prescription drug abuse, board secretary Dr. Rahul Gupta this month was joined by 11 other panelists for the West Virginia Addiction Summit organized by Delegate Chris Stansbury at the West Virginia Culture Center in Charleston.

Gupta, who also is the West Virginia state health officer and commissioner for the Bureau for Public Health, said 3,000 overdose deaths over the past five years can be attributed to prescription drug abuse and heroin. West Virginia’s overdose death rate not only is the highest in the U.S., but it is 20 percent higher than the second leading state.

Gov. Earl Ray Tomblin, through the Governor’s Advisory Council on Substance Abuse, U.S. Sen. Joe Manchin, and U.S. Attorneys Booth Goodwin and William Ihlenfeld are among others leading efforts to address the epidemic through education and reform. Manchin and Sen. Tim Scott have launched a Prescription Drug Abuse Caucus at the national level. Manchin also have introduced the FDA Accountability for Public Safety Act and the Prescription Drug Abuse Prevention and Treatment Act.

Stansbury has created a West Virginia Addiction Action Group which will continue collaborative efforts through focus groups, town hall meetings and an interactive website.

In addition, the annual Appalachian Addiction & Prescription Drug Abuse Conference, scheduled Sept. 24-26 at the Embassy Suites in Charleston, offers physician education on this topic while satisfying the state licensure boards’ three-hour CME Best Practices Prescribing of Controlling Substances required education.

Topics cover a broad range of issues related to prescription drug abuse and addiction. They include the disease model of addiction, addiction and co-morbid pain, neonatal abstinence syndrome, proper prescribing, diversion, and updated epidemiologic statistics. A number of case studies will be presented.

Support for the conference is provided by the Board of Medicine, along with the WV State Medical Association, the WV Society of Addiction Medicine, the WVMPHP, the WV Board of Osteopathic Medicine, the WV Osteopathic Medical Association, and the state Department of Health and Human Resources’ Bureau for Behavioral Health & Health Facilities. For more information, email karie@wvsma.org or call (304) 925-0342, ext. 12.

We must continue to forge partnerships at the federal, state and local levels to identify and solve the complex public health and behavioral health issues associated with this epidemic.

**E-Mail Addresses**

The board’s primary means of communicating news and general information to licensees is via e-mail. Announcements, renewal information, timely notices and this newsletter are examples of such communication. It is very important that you keep the board apprised of your current contact information, including your e-mail address.

To provide a current e-mail address, send an e-mail containing your name and license number to: bomnewsletter@wv.gov.
Prior to this year, physician assistant renewal was a 100 percent paper process. It was a cumbersome, staff-intensive activity which drew a number of board staff into the process and away from their ongoing responsibilities.

This year marks the first PA renewal period which was completed online through our website. The PA renewal process is the first of several online application processes the board is putting into place as we make a distinct move away from paper processes and files. Between Feb. 4 and March 31, a total of 765 physician assistants renewed their license. Licensees indicated they were very pleased with the process and encountered very little difficulty in renewing their license online.

**Practice Agreements**

The new Physician Assistant Practice Act which went into effect June 6, 2014 calls for the establishment of a Practice Agreement between the physician assistant and their supervising physician(s). This takes the place of the previous job description and separates the license to practice from the professional working arrangements made between a physician assistant and their supervisor(s). No longer will a physician assistant automatically lose their license to practice in our state if they are not employed.

The practice agreement also covers prescriptive privileges, doing away with the separate prescription-writing privilege certification process and related fee. Changes in work addresses may also be made at no cost, doing away with another separate process and fee; however, changes/additions of a primary supervisor will require a new practice agreement. A Practice Agreement may remain in place as long as the specific supervisory arrangement is unchanged. Unlike the PA license, it does not need to be renewed.

Under the new law, all practicing physician assistants are required to have a practice agreement and were provided with a transition period through March 31 to replace their job descriptions with the new practice agreement. Unfortunately, many PAs waited until the renewal period to submit practice agreements which has created a backlog of practice agreements awaiting approval. The board has approved provisional authorization of those practice agreements which were submitted prior to April 1 but have yet to be approved until the backlog is remedied.

**PA Legislative Rule**

The new Physician Assistant Practice Act also called for the establishment of emergency rules in order to carry out the mandate of the act. In response, the board put into place an emergency rule effective June 6, 2014. In the interim, a permanent legislative rule was promulgated and subsequently passed during the recent legislative session. Submission of the final rule was made to the Secretary of State’s office and went into effect May 15, 2015.

Both the Physician Assistant Practice Act (§30-3E) and legislative rule (11CSR1B) may be found on our website, www.wvbom.wv.gov, in the Laws, Rules and Policies section.

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**WV Board of Medicine**

101 Dee Drive, Suite 103
Charleston, WV 25311

(304) 558-2921 Monday - Friday
Fax: (304) 558-2084 8:30 a.m. to 4:30 p.m.

www.wvbom.wv.gov
email: bomnewsletter@wv.gov
### Board Actions - July 2014 through May 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Action Description</th>
<th>Consent Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terry, Richard Franklin, Sr., MD</td>
<td>8/5/2014</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1347483</td>
</tr>
<tr>
<td>McElroy, John Jeffrey, MD</td>
<td>8/5/2014</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1340942</td>
</tr>
<tr>
<td>Otellin, Alexander Vladimirovich, MD</td>
<td>8/5/2014</td>
<td>Reprimand or Censure</td>
<td>1342748</td>
</tr>
<tr>
<td>Olson, Arthur Wesley, MD</td>
<td>8/5/2014</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1342643</td>
</tr>
<tr>
<td>Wilson, Jay D., PA-C</td>
<td>8/5/2014</td>
<td>Probation of License Amended Order</td>
<td>1328994</td>
</tr>
<tr>
<td>McGuffin, Aaron Michael, MD</td>
<td>8/15/2014</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1340974</td>
</tr>
<tr>
<td>Derakhshan, Iraj, MD</td>
<td>9/16/2014</td>
<td>Reprimand or Censure</td>
<td>1333578</td>
</tr>
<tr>
<td>Ozon, Robert Kent, MD</td>
<td>10/3/2014</td>
<td>Other License Action</td>
<td>1342791</td>
</tr>
<tr>
<td>Dave, Prafull K., MD</td>
<td>10/28/2014</td>
<td>Probation of License Amended Order</td>
<td>1333305</td>
</tr>
<tr>
<td>Velasquez, Alfredo Corrales, MD</td>
<td>11/3/2014</td>
<td>Voluntary Surrender of License</td>
<td>1348217</td>
</tr>
<tr>
<td>Shields, Douglas Allen, MD</td>
<td>12/3/2014</td>
<td>License Restored or Reinstated (Conditional)</td>
<td>1346034</td>
</tr>
<tr>
<td>Milan, Edita P., MD</td>
<td>12/12/2014</td>
<td>Voluntary Surrender of License</td>
<td>1341337</td>
</tr>
<tr>
<td>Smith, Kate Ashley, PA-C</td>
<td>12/12/2014</td>
<td>Reprimand or Censure</td>
<td>1328763</td>
</tr>
<tr>
<td>Lingamaneni, Shanmukesh, MD</td>
<td>12/12/2014</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1339816</td>
</tr>
<tr>
<td>Lenkey, Attila Alan, MD</td>
<td>12/12/2014</td>
<td>Reprimand or Censure</td>
<td>1339578</td>
</tr>
<tr>
<td>Arceo, Liza Antonette, MD</td>
<td>12/12/2014</td>
<td>License Restored or Reinstated (Conditional) Amended Order</td>
<td>1329886</td>
</tr>
<tr>
<td>Leo, Sherwood Phillip, MD</td>
<td>12/12/2014</td>
<td>Reprimand or Censure</td>
<td>1339585</td>
</tr>
<tr>
<td>Patel, Anil J., MD</td>
<td>12/16/2014</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1343077</td>
</tr>
<tr>
<td>Speight, Jamie Lea, PA-C</td>
<td>12/9/2014</td>
<td>Reprimand or Censure</td>
<td>1328791</td>
</tr>
<tr>
<td>Watson, Cammi Leann, PA-C</td>
<td>12/23/2014</td>
<td>Suspension of License</td>
<td>1328954</td>
</tr>
<tr>
<td>Duffy, Cameron Dewayne, MD</td>
<td>1/12/2015</td>
<td>Reprimand or Censure</td>
<td>1333985</td>
</tr>
<tr>
<td>Khorasani, Sara , MD</td>
<td>1/20/2015</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1338540</td>
</tr>
<tr>
<td>O’Mara, Sean Thomas, MD</td>
<td>2/11/2015</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1342529</td>
</tr>
<tr>
<td>Iyer, Shivkumar Lakshminarayan, MD</td>
<td>2/25/2015</td>
<td>Summary/Emergency Suspension of License Board Order</td>
<td>1337520</td>
</tr>
<tr>
<td>Leef, Johnsey Lee, Jr. MD</td>
<td>2/27/2015</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1339533</td>
</tr>
<tr>
<td>Lewis, Donald Ryan, Jr., MD</td>
<td>2/27/2015</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1339701</td>
</tr>
<tr>
<td>Richardson, Bradley Jess, MD</td>
<td>2/27/2015</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1344543</td>
</tr>
<tr>
<td>Akers, Mark Jason, MD</td>
<td>2/27/2015</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1329397</td>
</tr>
<tr>
<td>Castle, Jason Allan, MD</td>
<td>3/3/2015</td>
<td>Administrative Fine/ Monetary Penalty</td>
<td>1332045</td>
</tr>
</tbody>
</table>

(continued on page 13)
Actions
Continued from page 12

Veltman, John Collett, MD
3/3/2015 - Education and Training Required
Consent Order: 1348229

Kim, James Jupyoung, MD
3/19/2015 - Administrative Fine/Monetary Penalty
Consent Order: 1338608

Farry, Kimberly Marie, MD
3/19/2015 - Administrative Fine/Monetary Penalty
Consent Order: 1334560

Long, Susan Elizabeth, MD
3/19/2015 - Administrative Fine/Monetary Penalty
Consent Order: 1339954

Brumfield, Steven Scott, MD
3/19/2015 - Administrative Fine/Monetary Penalty
Consent Order: 1331519

Kessel, John Woodruff, MD
4/1/2015 - Voluntary Surrender of License
Consent Order: 1338423

Rhoads, Sean Patrick, PA
4/1/2015 - Probation of License Amended Order: 1328622

Eggleston, Robert Michael, MD
4/16/2015 - Administrative Fine/Monetary Penalty
Consent Order: 1334170

Multani, Jasbir Kaur, MD
4/16/2015 - Reprimand or Censure
Consent Order: 1341928

Kurucz, Jane Ann, MD
04-17-2015 - Administrative Fine/Monetary Penalty
Consent Order: 1339146

Chan, Brandon Willie, MD
04-27-2015 - Administrative Fine/Monetary Penalty
Consent Order: 1332159

Website Security Enhancements

The Board of Medicine will implement new website security enhancements July 1, in an effort to stay up to date with modern technology and security standards, while ensuring reliability. Following implementation of these enhancements, you may have difficulty accessing the website using older versions of your browser. We recommend that you use Internet Explorer 11 or the newer versions of Chrome, Safari, Firefox or Opera. If you must use Internet Explorer versions 8, 9 or 10, these versions will need to be updated. To verify that your internet browser is compatible with our website, open Internet Explorer - click on Tools - Internet Options - advanced tab and scroll down to ensure that TLS 1.0, 1.1 and 1.2 are selected.

Staff News

This past year brought several changes to our staff.

Jamie Frame has assumed the position of executive assistant for Executive Director Robert Knittle, board attorney Jamie Alley and the board. Similarly, Karen Day is now the paralegal in the office for the Investigations and Complaints Unit. Joining her in this unit is Rhonda Dean, who has assumed Day’s previous position as complaints coordinator after briefly holding the receptionist position in the office.

Joining our Licensing Unit is licensure analyst Angela Scholl, who has assisted with physician assistant data entry and will be handling licensure applications for those physicians whose last names begin with the letters A-L. Finally, and most recently, Nickole Prowse has joined our staff as the receptionist and office assistant.

The board is pleased with this complement of very capable staff.
Physician Licenses

The West Virginia Board of Medicine issued 216 physician licenses between January and May 2015. Congratulations to the following:

A-B

Abbas, Mohammed Ali
Abbasi, Omar Farooq
Ahmed, Rezwan
Abdulkadir
Ajeh, Harrison Inalegwu
Almame, Rayed Abdullah
Al-Qudah, Zaid Abed Al-Kariem
Arcidi, Jr., Joseph Michael
Arnold, John Howard
Arnold, Richard Evan
Arora, Rebecca Ann

Balest, Arcangela Lattari
Bath, Shelley Singh
Batra, Sandeep
Belenkiy, Slava M.
Bello, Elizabeth Ann
Berhane, Menna
Bhattacharya, Runa
Blasko, Barbara Jane
Bolger, Paul Matthew
Bonasso, II, Patrick

C-D

Cameron, Ella Kathryn
Campbell, Andrew Alan
Cantu Duran, David Eduardo
Carlin, Genna Leann
Caveney, Joseph Daniel
Chan, Daniel Tak Chi
Chemchirian, Hrak

Chuang, William Wei-Chieh
Chunduri, Kiran Venkat
Cichon, Jamie Lee
Cillo, Jason Alexander
Cloyd, Jeffrey Wade
Coleman, Anton Emil
Colvin, Otis Christopher
Conti, Sr., Christopher Tracy
Cook, Stephen Elbridge
Correa Colon, Cynthia Milagros
Craig, David Austin
Crosswell, Howland Earle
Cuevas Pareja, Sebastian Ernesto
Cui, Shari

E-G

D'Alessio, Santa
Daniels, Dennis Edward
Daucher, James Andrew
DerDerian, Trevor John
Dhar, Sunil Kumar
Drexler, Jeffrey Alan
Dumasius, Vidas Grazvydas

Ebert, Frank Ross
El-Gammal, Ahmed
El-Hillal, Mohammad Fares
Eliager, Nancy Ruth
Elsayed, Ahmed Mohamed
Gamal Mohamed
Epling, John Blake
Esco, Miechia Ashawn
Eter, Ahmad
Ezon, David Steven

Fadia, Ankur Sunildatta
Faruqui, Zeeshan
Feizi, Parissa Anna
Francis Frank, Lyndave Shiomi
Franklin, Kehaesah Kahellia
Franko, III, Alexander Paul
Frusztajer, Nina Tamara
Fulton, Whitney Nicole

Ganesh, Aarthi
Garcia, Christopher Michael
Godsey, Veronica Chelsye
Gordon, Scott Moore
Gorman, Robert Joseph
Goyal, Priti
Grace, III, Warren Lee
Grayvosky, Margaret

Green, Howard Malcolm
Griffin, Matthew Patrick

H-K

Hama Amin, Ali Muhamed
Hamanaka, Kenji Mark
Haybron, David McClure
Hayes, William Brendan
He, Ruyi
Hemphili, Amani Franklin
Hobbie, Christopher Norman
 Hodder, Sally Lynn
Holbein, Monika
Maximillian
Hopkins, Jeremiah Christopher
Horowitz, Gary Martin
Howard, Timothy Mitchell

Ijab, Simona
Iroha, Simon Ikechukwu
Ito, Hirohiko

Jessop, Morris Lynn
Johnson, Katherine Hanback
Johnson, Megan Danyel
Jones, Elaine Celeste
Joyce, Joshua Craig

Kalantarpour, Fatemeh
Kanik, Andrew Brett
Kannon, Bodhi Kikue
Karpitskiy, Vladimir Vitalyevic
Kho-Duffm, Jennie Sue
Kister, Nathaniel Lloyd
Kleinman, Jeffrey David
Kliwer, David Joe
Kline, Ronald Michael
Klostra, Paul William
Kneifati, Ahmed Mohamed Adeeb
Kobrin, Jonathan Allen
Kodali, Dheeraj
Kohli, Harpreet Singh
Kraft, Clara Heather

L-O

Lamba, Pankaj
LaPlante, Maria Jennifer
Larkin, Emily Blair
Le, Stephanie Hanh
Lese, Andrea Beth
Liu, Grace Ya-chi
Liu, Lanting
Lozowska, Dominika
Lum, Christopher Allan Kwai Lun
Lycans, Dana Scott

Ma, Patrick Chi-Chung
Madhusudananannair-Kunnuparampil, Vinu
Maenza, Richard Louis
Makhti, Parveen Bala
Malayil, Rudy Mathew
Malik, Tamer Ayad Gayed Attila
Mantzari, Jr., Nicholas John
Marsh, Clay Braden
Martich, George Daniel
Martinez-Vasquez, Diego Fernando
Mason, Aaron Corde
McLavie, Jason Scott Burns
Meyer, Brendan Joseph
Michael, Eva Ramzy
Modi, Sujal Hemant
Morris, Matthew Wesley

Naji, Zaher Adnan
Neimkin, Ronald Jay
Oldham, Robert Kenneth
Onyekwere, Onyinye Chukwujindu

P-S

Papeshke, Tracy Ann
Pandellapalli, Poornima
Upadhyaya
Panwar, Sadik Raja
Parker, David Matthew
Poole, Daniel Justin
Potnick, Aaron Gregory
Quam, Tamim
Rapp, Haley Moore
Ray, Peter Damian
Rihal, Raveena Kaur
Rojanavongse, Patara
Ross, William Aaron
Routsong, Michael Todd

Saah, Elna Njuikwo
Sana, Said Hasib
Sanchez Ramirez, Juan Pablo

(continued on page 15)
Licensees  
Continued from page 14
Sayed, Ali  
Schaffer, Jochen Thorsten  
Schwarz, Heidi Beck  
Sewell, Catherine Louise  
Shah, Hajra Zehra  
Shah, Tushar Nandlal  
Shawkat, Tarek Abdel El Gellil  
Sherwood, Melody Joy  
Shook, Janice Renee  
Shoshi, Shaban Ali  
Showalter, Samuel Getz  
Sicenica, Toni  
Sinelnikov, Alex Olegovich  
Skylizard, Loki  
Smith, Catherine Sarina  
Smith, Jace Redmond  
Smith, Tristan Bart Byjorde Junior  
Sprouse, Gretchen Dawn Egbert  
Sprouse, Ryan Anderson Stevens, James Eugene Stirling, Eric Leroy Stoler, Mark Howard Suarez Abreu, Gregory Arturo Summers, Allison Luanne Sykes, Joshua Bengston

Podiatrist Licenses
The West Virginia Board of Medicine issued 5 podiatrist licenses between January and May 2015. Congratulations to the following:
Brechtelsbauer, Brandi Sue Craft, Seth Thomas Steinberg, Brenna Leigh Weeks, Blake A. Yanes, Yenisey

Physician Assistant Licenses
The West Virginia Board of Medicine issued 32 physician assistant licenses between January and May 2015. Congratulations to the following:
Adkins, II, Jimmy Ray Ashton, Lisa Anita Bailey, Jr., Gene Arnold Blankenship, Chad Elvis Bragano, Zachary Joseph Cain, Shaina Rachael Combs, Amy Marie Cook, Sara Elizabeth Protzman Duelm, Daniel Lewis Franceschelli, Ryan Andrew Francis, Kelsey A.

Staff Members
Robert C. Knittle, M.S. – Executive Director
Jamie S. Alley, Esq. – Board Attorney
Jamie C. Frame – Executive Administrative Assistant
Leslie A. Inghram, CMBI – Supervisor of Investigation and Complaints
Karen Day – Paralegal
Rhonda A. Dean – Complaints Coordinator
Sheree Thompson – Supervisor of Licensing, Certifications and Renewals
Amy C. Callihan, CMCO – Physician Assistant Coordinator
Angela Scholl – Licensure Analyst, Last Names A-L
Carmella Walker – Licensure Analyst, Last Names M-Z
Kimberly Jett – Office Manager
Nickole Prowse – Receptionist / Office Assistant
Deborah Scott – Fiscal Officer
Scott Wilkinson – Information Systems Coordinator
Renewal Period Under Way for Medical Licenses, Podiatric Licenses, Drug Dispensing Certificates and PLLC Certificates

We are pleased to announce that after a seven-year transition, renewal applications are now entirely online.

If you are a physician whose last name begins with the letter M through Z, or a podiatrist, now is the time to renew your license. The same is true for all licensees who hold drug dispensing certificates, as well as owners of PLLCs.

With the implementation of our new online renewal applications, licenses and certificates are being renewed at a brisk pace. As of early June, more than 1,500 or 44 percent of eligible physicians have already renewed, 27 percent of podiatrists have renewed and more than 373 physicians have renewed their drug dispensing certificates. Likewise, one-third of the PLLCs have also renewed.

Problems have been few and, like the physician assistant license renewals earlier this year, feedback has been very positive.

For physicians and podiatrists who are renewing their license and also hold a drug dispensing certificate, please note that at the end of the licensure renewal application you may transfer directly to your drug dispensing renewal application if you so choose.

For physicians whose last name begins with the letter A through L, the drug dispensing renewal application is located under the Quick Links section of the Board of Medicine website. Please note that your drug dispensing certificate will be valid for only one year at the cost of $15 per dispensing location. When you renew your medical license in 2016, you will renew your drug dispensing certificate for the usual two-year period. Moving forward, your drug dispensing license will always coincide with the renewal of your medical license.

The deadline for renewing your license and/or certificate(s) is 4:30 p.m. Tuesday, June 30, at which time your license to lawfully practice or dispense will expire. There is no grace period.

If you haven’t already renewed, visit our website at www.wvbom.wv.gov and click on the appropriate renewal application link found on our home page.

Chronic Pain Management Clinics

The West Virginia Legislature enacted the Governor’s Prescription Drug Abuse Act in 2012 which, among other provisions, called for the licensing of chronic pain management clinics. The Office of Health Facility Licensure and Certification (OHFLAC) within the state Department of Health and Human Resources was charged with the promulgation of legislative rules by which to define, license and regulate the clinics.

Over the course of two years, emergency rules were developed and funding was made available to operationalize the licensing of the clinics. In July 2014, the emergency rules were submitted to the Secretary of State’s office and efforts to license such facilities began in earnest. You may access the legislative rules by clicking on the following link: Legislative Rules.

Over the past year, OHFLAC has been very active in the licensure and inspection of these clinics and has worked collaboratively with other state agencies, departments and health care boards in fulfilling its mission. If you have questions or would like additional information regarding licensing of chronic pain management clinics, click on the following link to be directed to their website: www.OHFLAC.wv.gov.