



West Virginia Board of Medicine

Summer 2019

Upcoming Board Meetings

July 15, 2019

September 9, 2019

November 4, 2019

Letter from the President

by Kishore K. Challa, MD

The West Virginia Board of Medicine was well-represented at the Federation of State Medical Boards annual meeting April 25-27 in Fort Worth, Texas. Led by Board members Harry Duncan, MD, Ahmed Faheem, MD, and Executive Director Mark Spangler, our group participated in a variety of seminars and workshops to help us tap into the expertise of colleagues from across the nation.

These meetings give participants an opportunity to interact with and learn from their peers at FSMB's 70 state allopathic and osteopathic regulatory medical boards within the U.S., its territories and the District of Columbia. The FSMB supports its member boards as they fulfill their mandate of protecting the public's health, safety and welfare through licensure, discipline and regulation of physicians and, in most jurisdictions, other health care professionals (such



Dr. Challa

as physician assistants) as well.

Dr. Faheem received the 2019 John H. Clark, MD Leadership Award at the annual meeting in recognition of his "outstanding and exemplary leadership,

commitment and contribution in advancing the public good at the state board level." See related story, [Page 4](#).

Some other highlights of the annual meeting included a lecture by Zubin Austin, PhD, MBA, an expert in the licensing and competence assessment of health professionals. He theorized that mere technical competence is no longer enough for health professionals; patients today demand accessibility, affordability, and acknowledgement.

A panel discussion on sexual boundary issues focused on trends, policies, and new developments in addressing this challenging area. In addition to medical regulators, the panel included a patients' rights

advocate who had been sexually assaulted by her physician.

During sexual boundaries discussions, the speakers returned time and again to case histories showing a widespread public knowledge gap about the role of medical boards in addressing boundary issues.

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PA Law Accommodates Hospital Settings

Legislation passed during the 2019 regular session of the WV Legislature ([Senate Bill 668](#)) modifies the Physician Assistants Practice Act to permit PAs who work in hospitals to practice without having practice agreements with specific physicians. The new law, which was signed by Gov. Jim Justice and which became effective June 4, 2019, allows PAs to collaborate with multiple physicians in a hospital setting by submitting

a hospital “practice notification” to the Board in lieu of a practice agreement.

This regulatory change provides broader discretion for a PA’s scope of practice to be determined at the practice level in hospitals. It also permits PAs to collaborate, as appropriate, with any physician practicing in the same hospital. Practice agreements are still required for all practice settings other than hospitals, and PAs must practice in

collaboration with physicians in all practice settings.

The Board has submitted an emergency rule to implement the provisions of SB 668, and has also filed [proposed amendments to the current legislative rule](#). The Board is accepting public comments through 4:30 pm on July 19, 2019. The Board anticipates publishing a practice notification form and accepting practice notifications beginning on or about July 31, 2019, which is the deadline for the WV Secretary of State’s Office to approve or reject the Board’s emergency rule. All currently approved practice agreements which authorize PA practice in hospital settings will remain in effect unless they are replaced by practice notifications.

Letter From the President *(continued from page 1)*



FSMB CEO Humayun Chaudhry, DO, greeted the WV delegation, including (from left) Greg Foster, Mark Spangler, Dr. Harry Duncan, Dr. Ahmed Faheem, Andrew Wessels, Diane Callison and Angela Scholl.

The WV Board of Medicine is a public resource, and we are increasing efforts to educate the public and our own licensees about our core processes as determined by our Strategic Plan.

Another highlight was a presentation by Nic Sheff, the author of two best-selling memoirs about his struggles with addiction. His harrowing story formed the basis for the recent film “Beautiful Boy.” In

a frank discussion and Q&A session, Sheff offered a detailed description of his journey to overcome Substance Use Disorder and the public health threat it poses on a national level.

Conferences such as the FSMB annual meeting verify that the issues that challenge West Virginia, and the steps we take to address them, are often the same from state to state.

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Board News

Gov. Jim Justice appointed Angela A. Mayfield to the West Virginia Board of Medicine in late February. She serves as one of three members appointed to represent the public. She is now a member of the Licensure and Physician Assistant committees.



Mayfield

Mayfield is an associate broker at Real Estate Central, the 2019 president of the Kanawha Valley Board of REALTORS®, a director on the WV Association of REALTORS® Board of Directors, the secretary of

the WV Futbol Club, and a member of the Thomas Health Systems Board of Directors.

Her employment and volunteer background includes experience at the American Heart Association and the Center for Economic Development. She is a former member of the WV Symphony

League, Friends of Culture and History, Childhood Immunization Advisory Board and the Minority Health Forum. Mayfield, whose term expires in September 2023, lives in Cross Lanes with her husband and son. Mayfield replaced long-serving board member Rev. Richard Bowyer. (See related photo below.)

Also in February, Justice named Catherine C. Slemp, MD, MPH as the permanent state health officer and commissioner of the Department of Health and Human Resources' Bureau for Public Health. In that role, she also serves ex officio as secretary of the Board of Medicine. Slemp had



Dr. Slemp

been serving in those roles on an interim basis following the November 2018 departure of Dr. Rahul Gupta.



Board President Kishore Challa, MD, presented a commemorative plaque to Rev. Richard Bowyer during the May meeting, honoring his long-time service.

Rev. Bowyer's service included leadership positions at the state and national levels. He is the only non-physician to be elected president of the Board of Medicine. Although his term had expired in September 2018, he had agreed to stay on until a successor could be named.

Dr. Faheem Receives National Recognition

Dr. Ahmed D. Faheem, a longtime member of the West Virginia Board of Medicine, was named recipient of the Federation of State Medical Boards' 2019 John H. Clark, MD Leadership Award in recognition of his "outstanding and exemplary leadership, commitment and contribution in advancing the public good at the state board level."

The award was presented during FSMB's Annual Meeting in Fort Worth, Texas. The

award honors the memory of its namesake, a former chair of the Utah Physicians Licensing Board, who served as FSMB president in 1982-83 and was known for his leadership and integrity.

"I am both pleased and humbled to receive this honor," Dr. Faheem said in accepting the award. "To be mentioned with Dr. Clark, and others who have come before me, is something I will cherish."

The city of Beckley also took the opportunity to declare "Dr. Ahmed D. Faheem Day" on April 25 in recognition of the national award. Mayor Rob Rappold

called him "an inspiration."

Dr. Faheem completed a four-year term as Board President in July 2018 and currently serves on the Board's Executive / Management Committee, Legislative Committee and Personnel Committee. In addition, Dr. Faheem is a member of FSMB's Nominating Committee.

"It seems that every time a medical or governmental organization in West Virginia needs someone to step to the forefront, to provide leadership on often critical issues in health care, one name

consistently appears, and that is Dr. Ahmed Faheem," said Board President Kishore K. Challa, MD, FACC. "He is a physician of impeccable credentials, vast experience and seemingly boundless energy."

Dr. Faheem was a member and ex-chairman of the West Virginia Comprehensive Behavior Health Commission and served for nine years as a board member of Appalachian Regional

Healthcare, which oversees nine hospitals in Kentucky and West Virginia. He is Associate Medical Director of General Psychiatry and Medical Director of Adolescent Psychiatry at Beckley Appalachian Regional Hospital (BARH).

Originally from Hyderabad, India, Dr. Faheem completed his medical training and residency in India, England, and the United States. He is board certified by the American Board of Psychiatry and Neurology in General Psychiatry, Geriatric Psychiatry and Addiction Psychiatry, and by the American Board of Adolescent Psychiatry. He maintains a full-time private practice in Beckley, where he resides.

Dr. Faheem is a Distinguished Life Fellow of the American Psychiatric Association. Dr. Faheem has served as the President of BARH, President of the Raleigh County Medical Society, and President of the West Virginia Psychiatric Association.



Dr. Faheem



L-R: Dr. Ahmed D. Faheem (center) is congratulated by FSMB CEO Humayun Chaudhry, DO, (left) and FSMB Past Chair Pat King, MD.

Parameters to Identify Abnormal Prescribing

The West Virginia Board of Pharmacy reviews the West Virginia Controlled Substances Monitoring Program (CSMP) Database and issues reports that, “identify abnormal or unusual practices of patients and practitioners with prescriptive authority,” pursuant to West Virginia Code.

The Board of Pharmacy uses a set of parameters determined by a CSMP Advisory Committee to help identify potentially abnormal or unusual practices:

- Average morphine milligram equivalent (MME) per prescription;
- Total MMEs prescribed;
- Total opioid prescriptions;
- Total unique opioid patients; and,
- Patients with co-prescribed benzodiazepines and opioids

If a practitioner is included in the top 5 percent of at least four of these five parameters, that practitioner’s prescribing practice is potentially abnormal

or unusual. Reports are compiled quarterly, and the information is provided to the appropriate board of licensure (the WV Board of Medicine, the WV Board of Osteopathic Medicine, and the WV Board of Nursing for nurse practitioners with prescribing authority).

The Board of Medicine is engaged in developing a process to appropriately evaluate and utilize this new information.

Members of the Advisory Committee include: a physician licensed by the Board of Medicine; a dentist licensed by the WV Board of Dental Examiners; a physician licensed by the WV Board of Osteopathic Medicine; a licensed physician certified by the American Board of Pain Medicine; a licensed physician board certified in medical oncology recommended by the WV State Medical Association; a licensed physician board certified in palliative care recommended by the WV Center for End-of-Life Care; a pharmacist licensed by the WV Board of Pharmacy; a licensed physician member of the WV Academy of Family Physicians; an expert in drug diversion; and such other members as determined by the Board of Pharmacy.

License Reinstatement Process

The renewal period for medical doctors whose last names begin with the letters M through Z, podiatric physicians, controlled substance dispensing practitioners whose last names begin with the letters M through Z, educational permit participants and professional limited liability companies concluded at 4:30 p.m. on June 28, 2019. If a license, registration or authorization expired on June 30, 2019 because of lack of renewal, the practitioner and/or company may apply for reinstatement. Instructions and applications are available below.

Original signatures are required; therefore, applications are not accepted via facsimile or email.

- [Medical Doctor \(M-Z\) License Reinstatement Application](#)
- [Podiatric Physician License Reinstatement Application](#)
- [Controlled Substance Dispensing Practitioner Registration Application](#)
- [Professional Limited Liability Company Application](#)

BOM Proposes Rules for Initial License Fee Waivers

Effective June 6, 2019, a new law requires the West Virginia Board of Medicine and other licensing authorities to waive initial licensing fees for eligible low-income individuals and certain military family members.

The waiver does not apply to individuals seeking to renew existing licenses, or to those seeking an education permit from the Board.

The new law defines a “low-income individual” as someone

in the local labor market whose household adjusted gross income is below 130% of the federal poverty level.

The term “low-income individual” also applies to any person enrolled in certain public assistance programs, such as Temporary Assistance for Needy Families (TANF), Medicaid or the Supplemental Nutrition Assistance Program (SNAP).

A “military family” is defined in the new law as any person

who serves as an active member of the armed forces of the United States, the National Guard, or a reserve component, honorably discharged veterans of those forces, and their spouses. This term also includes surviving spouses of deceased service members who have not remarried.

[Click here](#) to view the proposed rule; comments will be received through 4:30 p.m. July 19, 2019.

Board Continues Outreach Efforts

The West Virginia Board of Medicine, as part of its long-term strategic goals, continued its outreach efforts to licensees, stakeholders and the public during the first six months of 2019.

Executive Director Mark A. Spangler and Diane Callison, the Board’s former licensure analyst for physician assistants, attended the annual conference of the West Virginia Association of Physician Assistants in Fayetteville on April 6, where Spangler presented a discussion on “Medical Regulation, Licensure and Discipline in West Virginia.” The presentation was both well-attended and well-received, with a healthy Q&A session following the overview.

The Board also hosted fourth-year medical students who were in Charleston with the West Virginia State Medi-

cal Association’s Health Policy & Advocacy Elective on several occasions during the Legislative session in February and March. The WVSMA

program is designed to teach students how government works and about advocacy for the medical profession. These students received a first-hand view of how the Board functions and its role in protecting the health and safety of the public.

Presentations are posted on the Board’s website at www.wvbom.wv.gov under the Public tab. If you are interested in scheduling a similar program for your organization, contact the WVBOM at (304) 558-2921.



Spangler

Legislative Update - 2019 Session

The West Virginia Legislature passed two Board of Medicine rules during its 2019 regular session, including 11 CSR 1A, regarding international medical graduates, and 11 CSR 12, establishes educational permits for graduate medical interns, residents and fellows.

Both rules became effective May 1. They have been updated on the Board's website and are available under the Laws & Resources section.

The Governor on March 1 signed into law HB 2351 regarding prior authorizations, a bill the Legislature made effective from the date of its passage on Feb. 20, which has been of particular interest to the medical community.

Under the new law, insurers are required to develop prior authorization forms and portals by Oct. 1, and must accept one prior authorization for an "episode of care." The forms must be placed in an easily accessible place on the insurer's web page, with appropriate instructions for submission of clinical documentation; and a comprehensive list of procedures, services, drugs, devices and durable medical equipment that require prior authorization. The insurer must provide electronic notification confirming receipt if

requests are filed electronically and must inform patients if the insurer requires a plan member to use step therapy protocols.

By July 1, 2020 all insurers are required to accept electronic prior authorization requests and respond electronically. (If an insurer already accepts electronic requests, they have until Jan. 1, 2020 to comply with other provisions of the new law.) If the request is complete, insurers must respond within seven days for routine or non-life-threatening care. Insurers must respond within two days in cases that could jeopardize the life, health or safety of the patient or others, or if a delay would subject the patient to adverse health consequences.

If a practitioner has performed an average of 30 procedures per year and in a six-month period has received a 100 percent approval rate, the insurer shall not require a prior authorization for that procedure for the next six months. In all cases, insurers must follow national best practice guidelines.

The Legislature updated the provisions of the peer review statute in SB 119 to clarify peer review materials and documents developed or obtained by the Board pursuant to a Board investigation are confidential and

privileged and are not subject to discovery in any civil action or administrative proceeding. Bill 119 retained an exception to permit the continued production of peer review material to the Board in association with Board investigatory activity.

A new law prohibits state licensing boards from hiring lobbyists. The law now states, "No board may employ or contract with any person whose job functions or obligations include lobbying on behalf of the board: Provided, that the director, board counsel and appointed board members may lobby on behalf of the board."

Following a special session, Gov. Jim Justice signed into law a bill that allows for "vertical integration" of growers, processors and dispensaries of medical cannabis. Another new law establishes banking services for medical cannabis.



Legislative Changes Affect Opioid Prescribing

During the 2018 regular session of the West Virginia Legislature, Senate Bill 273, commonly referred to as the Opioid Reduction Act, was enacted with the goal of curbing the opioid crisis. Legislators revisited the law during the 2019 session and passed House Bill 2768, which makes several revisions to clarify the original language.

The following is a quick reference guide to the 2019 revisions/amendments to the Opioid Reduction Act contained in HB 2768. The new law:

- Clarifies that the Opioid Reduction Act applies only to Schedule II opioid drugs;
- Clarifies that the Opioid Reduction Act does not apply to a patient being prescribed, or ordered, any medication in an inpatient setting at a hospital;
- Clarifies that a prescription for a four-day supply of a Schedule II opioid drug issued to a patient in the emergency room for outpatient use is not an initial prescription;
- Clarifies the nature/scope of required physical examinations for patients prescribed Schedule II opioid drugs, providing that, “[t]he physical exam should be relevant to the specific diagnosis and course of treatment, and should assess whether the course of treatment would be safe and effective for the patient;”
- Clarifies that a narcotics contract is not required until the issuance of a third prescription for a Schedule II opioid drug and adds a new provision that a narcotics contract must include whether another physician is approved to prescribe to the patient;
- Clarifies that a pharmacist is not responsible for enforcing the requirements of the Opioid Reduction Act;
- Removes the prohibition against issuance of a subsequent Schedule II opioid drug prescription less than six days after the initial prescription; and,
- Amends the Opioid Reduction Act in circumstances when a practitioner acquires a patient after Jan. 1, 2018 who is currently being prescribed a Schedule II opioid drug from another practitioner, at a different practice or practice group. As amended, the first Schedule II opioid drug prescription issued by the new practitioner to the acquired patient is considered an initial prescription, such that the prescription must be limited to a seven-day supply, unless the acquiring physician and the previous prescriber are members of the same practice group.

The following is a summary of the notable statutory provisions in the Opioid Reduction Act (ORA), updated to include the 2019 amendments, that impose conditions, limitations and requirements on physicians and podiatrists (collectively referred to hereinafter as “providers”) when prescribing Schedule II opioid drugs. *Italicized language below indicates 2019 amendments/revisions to the ORA pursuant to HB 2768.*

1. **When do the 2019 amendments to the ORA pursuant to HB 2768 become effective?**
HB 2768’s amendments to the ORA became effective on June 7, 2019. The original ORA, pursuant to SB 273 in 2018, became effective on June 7, 2018.
2. **Are any patients fully exempted from the ORA’s prescribing requirements?**
Yes. The ORA does NOT apply to:
 - a. Prescriptions for patients currently in active treatment for cancer, receiving hospice care from a licensed hospice provider or palliative care provider, or residents of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

Opioid Prescribing *(continued from page 8)*

- b. An existing provider-patient relationship established before January 1, 2018, where there is an established and current opioid treatment plan reflected in the patient's medical record.
- c. *Patients being prescribed, or ordered, any medication in an inpatient setting at a hospital.*
- d. *The prescribing of non-opioid Schedule II controlled substances and opioid medications not classified as Schedule II controlled substances.*

3. Excluding Schedule II opioid drugs, how does the ORA impact the prescribing of other controlled substances?

Pursuant to amendments to the ORA by HB 2768, the ORA applies only to the prescribing of Schedule II opioid drugs. The ORA does not apply to the prescribing of non-opioid Schedule II controlled substances or opioid medications not classified as Schedule II controlled substances, such as tramadol.

4. For patients not exempted from the ORA, what are the requirements for prescribing Schedule II opioid drugs?**a. Prior to prescribing a Schedule II opioid drug**

- i. Prior to prescribing a *Schedule II opioid drug* for the treatment of pain, a provider shall refer or prescribe any of the following treatment alternatives, *as is appropriate* based on the provider's clinical judgment and availability of the treatment: physical therapy, occupational therapy, acupuncture, massage therapy, osteopathic manipulation, chronic pain management program and/or chiropractic services. Provided, a provider is not required to prescribe all of the alternative treatment options prior to prescribing a *Schedule II opioid drug*.
- ii. Prior to issuing a prescription for a *Schedule II opioid drug*, a provider shall: (1) advise the patient regarding the quantity of the *Schedule II opioid drug* and a patient's option to fill the prescription in a lesser quantity; and (2) inform the patient of the risks associated with the *Schedule II opioid drug* prescribed.
- iii. Additionally, prior to issuing an initial prescription for a *Schedule II opioid drug*, a provider shall:
 1. Take and document a thorough medical history, including the patient's experience with nonopioid medication, nonpharmacological pain management approaches, and substance abuse history;
 2. Conduct and document the results of a physical examination. *The physical exam should be relevant to the specific diagnosis and course of treatment, and should assess whether the course of treatment would be safe and effective for the patient;*
 3. Develop a treatment plan with particular attention focused on determining the cause of the patient's pain; and,
 4. Access relevant prescription monitoring information under the Controlled Substance Monitoring Program Database ("CSMP").

b. Schedule II opioid drug prescription limitations/conditions/requirements**i. Initial Schedule II opioid drug prescription**

A provider may not issue an initial prescription for a *Schedule II opioid drug* for more than a seven (7) day supply. The prescription shall be for the lowest effective dose which in the medical judgment of the provider is the best course of treatment for this patient and his/her condition.

ii. Subsequent Schedule II opioid drug prescription

1. After issuing the initial prescription for a *Schedule II opioid drug*, the provider may issue a subsequent prescription if:

Opioid Prescribing *(continued from page 9)*

- a. The subsequent prescription would not be deemed an initial prescription;
- b. The provider determines the prescription is necessary and appropriate for patient's treatment needs and documents the rationale for the subsequent prescription; and
- c. The provider determines the subsequent prescription does not present an undue risk of abuse, addiction, or diversion and documents that determination.

***HB 2768 removed the prohibition in SB 273 against issuing a subsequent prescription less than six days after issuing the initial prescription.*

2. Prior to issuing the subsequent prescription for a *Schedule II opioid drug*, the provider shall discuss with the patient, or the patient's parent or guardian, the risks associated with the prescribed drug. The discussion, which must be documented in the patient's medical record, shall include:
 - a. The risks of addiction and overdose associated with *Schedule II opioid drugs* and the dangers of taking *Schedule II opioid drugs* with alcohol, benzodiazepines, and other central nervous system depressants;
 - b. The reasons why the prescription is necessary;
 - c. Alternative treatments available; and
 - d. Risks associated with the use of the *Schedule II opioid drug* being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence, and that the risks of taking more opioids than prescribed, or mixing sedatives, benzodiazepines, or alcohol with opioids, can result in fatal respiratory depression.

iii. Third Prescription for *Schedule II Opioid Drug*/Ongoing Treatment; Referral to Pain Clinic or Specialist; Narcotics Contract

1. At the time of the issuance of the third prescription for a *Schedule II opioid drug*, the provider shall consider referring the patient to a pain clinic or pain specialist. The provider shall discuss the benefits of seeking treatment through a pain clinic/specialist and provide the patient with an understanding of any risk associated by choosing not to pursue that option.
2. If the patient declines to seek treatment from a pain clinic/specialist and opts to remain a patient of the provider, and the provider continues to prescribe the patient a *Schedule II opioid drug*, the provider shall:
 - a. Document in the medical record that the patient knowingly declined treatment from a pain clinic/specialist;
 - b. Review, at a minimum of every three (3) months, the course of treatment, any new information regarding the etiology of the pain and the patient's progress toward treatment objectives and documents the results of the review;
 - c. Assess the patient prior to every renewal to determine whether the patient is experiencing problems associated with physical and psychological dependence and documents the results the assessment; and
 - d. Periodically make reasonable efforts, unless clinically contradicted, to either stop the use of the controlled substance, decrease dosage,

Opioid Prescribing *(continued from page 10)*

try other drugs or treatment modalities in an effort to reduce the potential for abuse or the development of physical or psychological dependence, and document with specificity the efforts undertaken.

3. Narcotics Contract. *In conjunction with the issuance of a third prescription for a Schedule II opioid drug, the patient shall execute a narcotics contract with the prescribing provider.* The narcotics contract shall be made a part of the patient's medical records, and at minimum, shall provide that:
 - a. The patient agrees only to obtain scheduled medications from this particular prescribing provider;
 - b. The patient agrees to fill the prescriptions at a single pharmacy which includes a pharmacy with more than one location;
 - c. The patient agrees to notify the prescribing provider within 72 hours of any emergency where he or she is prescribed scheduled medication;
 - d. If the patient fails to honor the narcotics contract, the provider may terminate the physician-patient relationship or continue to treat the patient without prescribing a *Schedule II opioid drug* for the patient; and
 - e. *If another physician is approved to prescribe to the patient.*

*** HB 2768 amended SB 273 to provide that the narcotics contract is not required until the third prescription for the Schedule II opioid drug. SB 273 previously required a narcotics contract when the patient was prescribed a Schedule II opioid drug for greater than a 7-day period.*
4. *HB 2768 clarifies that a pharmacist is not responsible for enforcing the provisions of the ORA, and that the Board of Pharmacy may not discipline a licensee pharmacist if he or she fills a prescription that violates the ORA.*

iv. Ongoing Physical Exams

A provider is required to conduct and document the results of a physical examination every 90 days for any patient the provider continues to treat with a *Schedule II opioid drug*. *The physical examination should be relevant to the specific diagnosis and course of treatment and should assess whether continuing the course of treatment would be safe and effective for the patient.*

***HB 2768 amended SB 273 to clarify that a physical exam every 90 days is required only for patients being prescribed a Schedule II opioid drug. SB 273 previously required a physical exam every 90 days for patients being prescribed any Schedule II controlled substance.*

v. CSMP

Providers are still required to assess the CSMP prior to initially prescribing any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the provider continue to treat the patient with a controlled substance.

vi. Emergency Room Opioid Prescriptions

When issuing a prescription for a *Schedule II opioid drug* to an adult patient seeking treatment in an emergency room for outpatient use, a provider may not issue a prescription for more than a four (4) day supply. *Provided, that a prescription for a Schedule II opioid drug issued to an adult patient in an emergency room for outpatient use is not considered to be an initial prescription.*

Opioid Prescribing *(continued from page 11)*

vii. Urgent Care Facility for Outpatient Use

A *Schedule II opioid drug* prescription for an adult patient seeking treatment in an urgent care facility setting for outpatient use may not exceed a four (4) day supply. Provided, an additional dosing for up to no more than a seven (7) day supply may be permitted, but only if the medical rationale for more than a four (4) day supply is documented in the medical record.

viii. Opioid Prescription for Minor Patients

A provider may not issue a *Schedule II opioid drug* prescription to a minor for more than a three (3) day supply, and the provider shall discuss with the parent or guardian the risks associated with *Schedule II opioid drug* use and the reasons why the prescription is necessary.

c. Exceptions/Allowances

- i. A provider may prescribe an initial seven (7) day supply of a *Schedule II opioid drug* to a post-surgery patient immediately following a surgical procedure. Based upon the medical judgment of the provider, a subsequent prescription may be prescribed pursuant to the limitations, requirements and conditions above.
- ii. A provider who acquires a patient after January 1, 2018, who is currently being prescribed a *Schedule II opioid drug* from another provider is required to access the CSMP. The provider shall otherwise treat the patient as set forth above.

***HB 2768 removed pertinent language in SB 273 in the exception noted in (ii) that results in a notable change. SB 273 provided that with respect to a patient acquired after January 1, 2018, the opioid prescription issued by the new provider to the acquired patient “would not be deemed an initial prescription.” As HB 2768 removed this language, the first prescription issued to the acquired patient should now be considered an “initial prescription” subject to the 7-day supply limit, unless the acquiring physician and the previous prescriber are members of the same practice group.*

Contact Information

All licensees must provide the board with timely notice of all changes of address, including email addresses. A valid email address is important for licensees to receive notifications from the board regarding news releases and licensure renewal.

Click on the link below to access the Licensee Change of Contact Information section of the board's website. Your preferred contact information, although not published on the Board's website, may be subject to release pursuant to a public records request.

[Licensee Change of Contact Information](#)

New Database, Website in the Works

The West Virginia Board of Medicine is in the midst of developing a new database system and website. We anticipate this project will be on-going for the next several months. Our goal is to be able to offer an enhanced product for the public and our licensees that will increase the usability of our system in a meaningful and efficient way, including the availability and utility of online processes and applications for all licensees.

The development of the new database and website has a direct correlation with the Board's strategic plan to improve and maximize the use of technology by updating our infrastructure. In fact, many of the articles in this newsletter are representations of initiatives that the Board targeted last year in developing the strategic plan.

We look forward to announcing the implementation and enhanced features of the website when the work is complete.

Board Actions

December 2018 through May 2019

David Carol Shamblin, MD

12/31/2018 – Revocation of License

[Final Order](#)

Edmundo E. Figueroa, MD

1/14/2019 – Limitation or Restriction on License/Practice

[Consent Order](#)

Sylvanus Osomoba Oyogoa, MD

1/28/2019 – Education and Training Required

[Amended Order](#)

Thair Ali Barghouthi, MD

3/5/2019 – Limitation or Restriction on License/Practice

[Consent Order](#)

Nabil Gaballa Guirguis, MD

3/11/2019 – Summary/Emergency Suspension of License

[Board Order](#)

Marios Dimitriou Papachristou, MD

3/11/2019 – Revocation of License

[Board Order](#)

David Mark Anderson, MD

3/13/2019 – Public Reprimand

[Consent Order](#)

Jamie Leann Hall-Jasper, DPM

3/20/2019 – Summary/Emergency Suspension of License

[Board Order](#)

Wigberto Condevillamar Camomot, MD

4/3/2019 – Suspension of License

[Consent Order](#)

Nathan David Airhart, MD

5/20/2019 – Public Reprimand

[Board Order](#)

Manuel Cortez Barit, MD

5/20/2019 – Voluntary Surrender of License

[Consent Order](#)

Renewal-Related Actions

Anup Kumar Das, MD

1/14/2019 – Administrative Fine/Monetary Penalty

[Consent Order](#)

Thomas Alan Durnell, MD

1/14/2019 – Administrative Fine/Monetary Penalty

[Consent Order](#)

Johnny Dy, MD

1/14/2019 – Administrative Fine/Monetary Penalty

[Consent Order](#)

Farrah Syed Zahir, PA-C

5/10/2019 – Limitation or Restriction on License/Practice

[Consent Order](#)

Nicholas Clay Vance, PA-C

5/20/2019 – Administrative Fine/Monetary Penalty

[Consent Order](#)

CME Audit Actions

Charles Matthew Justice, MD

12/21/2018 – Administrative Fine/Monetary Penalty

[Consent Order](#)

Daniel Leon Alkon, MD

1/14/2019 – Administrative Fine/Monetary Penalty

[Consent Order](#)

SAVE THE DATE:

Addiction Conference

This year's Appalachian Addiction & Prescription Drug Abuse Conference will take place in a new location. In years past, the annual event has been held at the Embassy Suites in Charleston. The 2019 event shifts to Oct. 17-19 at the Waterfront Marriott in Morgantown.

Nearly 400 participants representing 11 different disciplines attended the 2018 conference. Expected topics in 2019 include the prescription drug abuse crisis, neurobiology of addiction, addiction and pregnancy, overdose statistics, cognitive behavioral therapy in the treatment of addiction, anxiety and ADHD, proper prescribing, and integrating opioid addiction treatment with medication-assisted therapy (MAT) and 12-step programs.

This conference meets the three-hour continuing medical education (CME) on Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training required by the West Virginia Board of Medicine

and other health care licensure boards.

For more information, contact Marlene Hall at mdhal@wvmphp.org or call (304) 933-1030. Visit www.wvmphp.org for updates.



West Virginia Board of Medicine Staff

Staff Member	Title	E-Mail Address	Ext.
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Carmella Walker	Licensure Analyst (Last Names M-Z)	Carmella.L.Walker@wv.gov	70021
Andrew Wessels	Director Intragovernment Relations	Andrew.R.Wessels@wv.gov	70013
Scott Wilkinson	Information Systems Coordinator	Scott.A.Wilkinson@wv.gov	70006

Professional Limited Liability Company Registration

Prior to May 1, 2012, a professional limited liability company (PLLC) with only one physician or podiatric physician member was not required to register with the Board of Medicine to render professional services in West Virginia through the PLLC. However, pursuant to legislation passed during the 2012 session, W. Va. Code R. § 11-7-1 *et seq.* was modified to require all PLLCs to be registered with and authorized by the Board:

3.4. A professional limited liability company shall file with the Board at the time of formation, the names of its one or more member(s), and written documentation that the professional limited liability company carries at least one million dollars of professional liability insurance, together with an initial filing fee of \$100. Thereafter, every professional

limited liability company on an annual basis on or before the first day of July, shall file with the Board the names of its member(s), and written documentation that the professional limited liability company carries at least one million dollars of professional limited liability insurance, together with an annual renewal fee of \$100.

The exemption for PLLCs with only one physician or podiatric physician member is no longer in effect. All physicians and podiatric physicians who are rendering professional services through a PLLC that is not currently registered with the Board of Medicine should submit an initial PLLC [application](#) immediately to bring the company into compliance.

IMLCC Update

Four more states have joined the Interstate Medical Licensure Compact Commission in 2019, bringing to 31 the total number of member jurisdictions represented.

Georgia, North Dakota and Oklahoma became the latest to

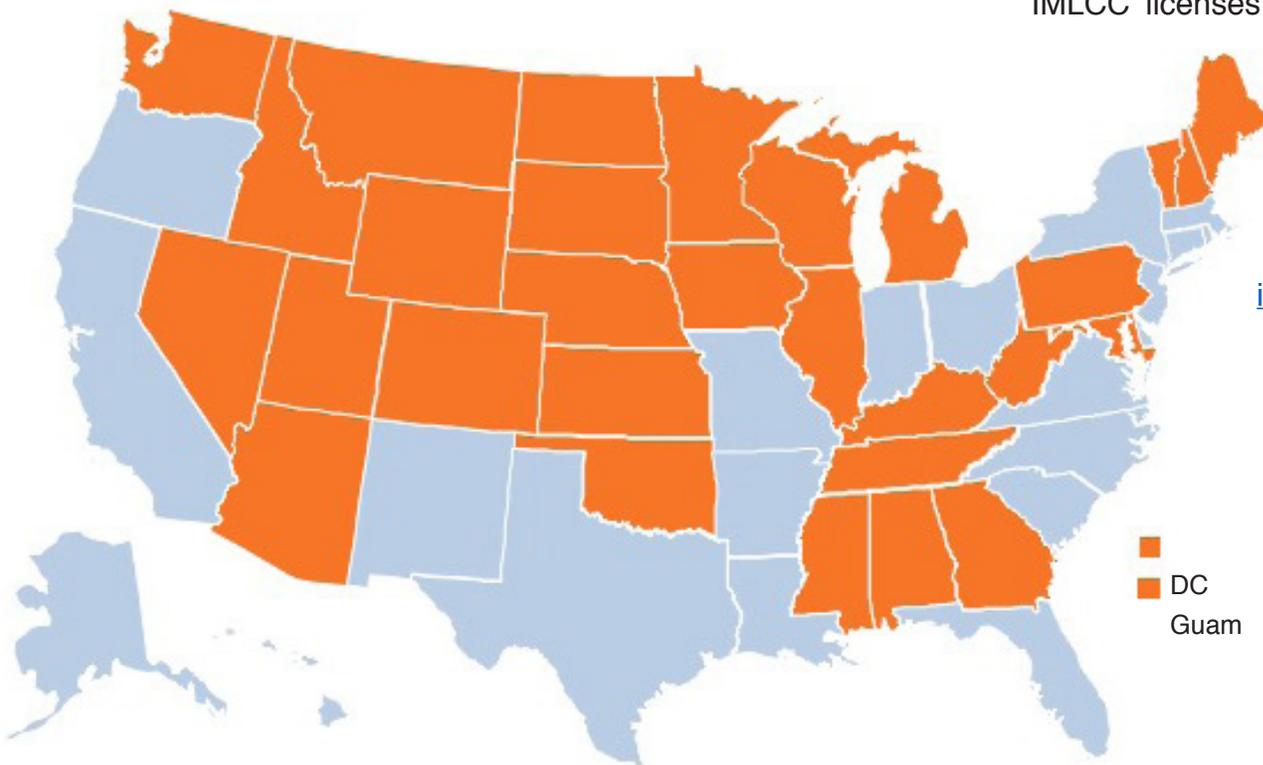
join in April. Kentucky joined in March.

In all, 29 states as well as the territory of Guam and the District of Columbia are part of the IMLCC. States with pending legislation include Florida and South Carolina.

The IMLCC provides an expedited pathway to licensure for physicians who want to practice in multiple states. More than 5,000 physician licenses have been issued by IMLC member states to date.

In West Virginia, the Board of Medicine has issued 160 IMLCC licenses and 32 letters of qualification as of June 1.

For information about the IMLCC, visit www.imlcc.org.



Staff Updates

During its May meeting, the West Virginia Board of Medicine recognized Leslie Thornton, supervisor of the Investigation, Complaints & Compliance Division, for her service. She was presented with a Certificate of Appreciation from the Governor's Office, recognizing 25+ years with the Board.

Diane Callison, licensure analyst for physician assistants, left the Board staff in May to become executive director of the Fayette County Family Resource Network. We wish her much success as she embarks on her new duties.

The Board of Medicine hired Valerie Anderson as physician

assistant licensure analyst, and Joseph Lewis has joined the staff as a paralegal, replacing Sarah Loftus who is now employed by the WV Supreme Court. We're excited to bring these individuals on board and look forward to working with them. See full staff listed on [page 14](#).

New Licensees: Dec. 2018 through May 2019

The West Virginia Board of Medicine issued 362 medical doctor licenses, 50 Interstate Medical Licensure Commission licenses, four podiatric physician licenses and 33 physician assistant licenses for the period of December 2018 through May 2019. Congratulations to:

MEDICAL DOCTORS

A - B

Abbas Khan, Mir Ali
 Aberkorn, Iryna
 Abou-El-Ezz, Ashraf Yehia Youssef
 Adenigbagbe, Adesoji Adeolu
 Ahmado, Imad
 Ahmed, Haroon
 Aimua, Faith Aiguekeagbon
 Al Sanani, Ahlim M Omer A
 Al-Azzawi, Yasir Haitham Jasim
 Al-Najafi, Saif Falah
 Al-Qatarneh, Saif Ahmad Mefleh
 AlFakeri, Fathia Anwar Bader
 Alden, Douglas James
 Allison, Jerry Alvin
 Altaweel, Laith Rafi
 Alyami, Khalid Saleh J
 Amaresh, Amar Muniyappa
 Aponte, Johat
 Aquino, Nicholas James
 Arroliga, Mack Joe
 Artrip IV, William James
 Bajaj, Madhu Satya
 Bajwa, Vijender Singh
 Balasa, Alfred
 Barton, Aimee Michelle
 Bashir, Muhammad Asif
 Belcourt, Jean-Edson
 Bellew, Christopher Lloyd
 Benjamin, Jacqueline Ann Marie
 Berry, Lonnie Lee
 Bhatt, Parth Jayprakashbhai
 Biondi, Lynsey Allen Smith
 Blackmon, Joseph Allen

Bogdansky, Kevin
 Breznau, Daniel James
 Brimmo, Olubusola Abiyi
 Buchanan, Krystal Claire
 Buenaventura, Percival Ofrecio
 Burke, Rebecca Jane
 Burns, Harumi Uchida
 Butt, Atif

C - E

Carpenter, Anna Lynne
 Carrera, Rogelio Luis
 Carron, Phillip Eugene
 Carter, Susan Leontyne
 Chang, Jesse Limmon
 Charles, Josya-Gony
 Chattha, Perveen Kaur
 Chaudhary, Vishy
 Chelemer, Scott Brian
 Chilcote, Kaleena Christine
 Chinta, Vijayalakshmi
 Chowdhary, Tarika Sejal
 Chowdhry, Monica
 Clemetson, Emily Ann
 Conroy, William Patrick
 Conway, Deborah Jo
 Cook, Shane Edward
 Corredor, Raul Gustavo
 Cottrell, Jesse Newton
 Crocetti, Emily Ellen
 Cronin, John William
 Cunningham-Farbstein, Jennifer Lori
 Cutlip, Kirstie Lynn
 Daboul, Nour
 Dalton, Catherine Isabel
 Davis, Steven Quinton
 Davis, Megan Dawn
 Dbouk, Hassan
 De Gent, Guy Elise Constant

Deib, Gerard
 Dennemeyer, Sarah Lynn
 Desai, Anand Rajendra
 Dhala, Atiya Fatima
 Diakiw, Adriana Roma
 Dinkels, Michael
 Douglas, Zakiya Veronica
 Downie, Gordon Hunter
 Driver Jr., Malvin Coleman
 Dvanajscak, Zeljko
 El Younis, Cherif M.
 Elashery, Ahmad Ramy Abdelrahman Ibrahim
 Elhammady, Gina Adel
 Elsaady, Entesar F M
 Elsallabi, Osama
 Erani, David Michael
 Erdin III, Robert Alexander
 Ezema, Nonso Andrew

F - H

Faraon-Pogaceanu, Ruxandra
 Ferguson Jr., Edward Richard
 Fine, Bryan Ross
 Fisher, Beth Ann
 Ford, Dee Walker
 Furby, Rebecca Lauren
 Garcia Merino, Santiago Augusto
 Garcia Santana, Sheila Marie
 Gay, David Allen
 Geleta, igussie Alemu
 Gerz, Erika Antoinette
 Ghias, Mona
 Gigantelli Jr., James William
 Gillis, Tama Evelyn
 Goldberg, Uri Aaron Laufer
 Golub, Lidiya Anatolyevna
 Goswami, Aarti

Griffith, Andrew Thomas Liao
 Grigore, Alina Maria
 Groves, Soleyah Caridad
 Gudeta, Alemeshet Yami
 Gue, Racine Shmay
 Gupta, Richa
 Hackett, Benjamin Davis
 Hamdan, Malik Moh'd Saleh
 Hamirani, Yasmin Shamshuddin
 Hammad, Tariq Abdelrahim Faris
 Hansen, Tara Melgary
 Hansroth, Joseph Andrew
 Harms, Jason Holmes
 Harrop II, Keith Iverson
 Hassan, Iman Abdel Meguid
 Hassantoufighi, Arash
 Hoang, Mary Theresa Vu
 Hoffert, Gaylord Thomas
 Horne, Robert Lynn
 Hulkower, Miriam Bryna
 Hurley, Edward Howard
 Hurtado Rendon, Iliana Samara

I - K

Infante, Jorge Luis
 Innis, Mark Ainsley
 Isakow, Warren
 Ison, David Curtis
 Iversen, Erik John
 Iwinski Jr., Henry John
 Izquierdo Mera, Romel
 Jacobs, Jeffrey Phillip
 Jagadeesh, Simha Vivek
 Janadri, Bchara
 Jay, Bernard Stanley
 Johnson, Jennifer Burke
 Johnson, Tonya Lynne

(continued on page 17)

New Licensees *(continued from page 16)*

Kabani, Noormahal
 Kabbani, Yasser
 Kaczmarek, Bruce Alan
 Kadiyala, Madhavi
 Kalb, Thomas Heller
 Kamran, Amir Shahzad
 Kanellitsas, Ioanna
 Kanooz, Samia Yaqub
 Kassar, Courtney Molnar
 Katsnelson, Flora
 Kaur, Sayanika
 Kayfan, Flora Diemi
 Kazianis, John Athanasios
 Khalid, Syed Arsalan
 Khan, Sajeel Rehmat
 Khan, Urooj
 Khasawneh, Faisal Abdulah
 Kheetan, Murad Ma'An
 Hanna
 Kiavash, Katrin
 Kilb III, Edward Francis
 Kitsos, Christina Nichole
 Kitzis, Vanessa
 Kohout, Jaromir
 Kopec, Isabelle Catherine
 Krishna, Raju Prasad
 Krupica Jr., Thomas Patrick
 Kuhnlein, Ryan Patrick
 Kurban, Henry Michel

L - M

Lanata Piazzon, Mariana
 Milena
 Lane, Mark Karim
 Langerman, Fawn Michelle
 Langleben, Daniel Dmitry
 Lee, Rebecca J.
 Lee, Mark Steven
 Lee, Barbara Y.
 Lekostaj, Jacqueline
 Kathleen
 Leo, Alyson Margaret
 Lessey, Gayatri Wallata-Zion
 Kamala
 Li, Li
 Licht, Arnold Lawrence

Lieberman, Scott Mitchell
 Lingamaneni, Gowtham Roy
 Lombardi, Donald Paul
 Lorenze, Alyssa Marie
 Lyerly, Mark Andrew
 Madni, Zeba
 Makari, Fadi
 Malineni, Venkateswara Rao
 Malla, Midhun
 Mani, Ashwin Kumar
 Manickavel, Suresh Kumar
 Marcelin Jr., Jean Andre
 Martin, Geoffrey Allan
 Mathewson, Margaret Mary
 Mawn, John Patrick
 Maynard, Erika Ryan
 McCluskey, Casey Kathleen
 McGuire, Sara Annette
 McGuire, Ryan Stephen
 McHam, Bruce Lee
 McNaughton, Janet Marie
 Medavaram, Sowmini
 Mehanni, Mina Mecheal
 Benjamin
 Mei, Lin
 Meldrum, Margaret Leigh
 Meltzer, Hal Steven
 Merrill, Laura Jean
 Merrill, Samuel Andrew
 Meter, Richard Alan
 Migura, Anthony Michael
 Millerman, Konstantin
 Misenheimer, Jacob Albert
 Mitulescu, Lavinia Petruta
 Mogallapu, Raja Nanda
 Gopal
 Mohiuddin, Ishtiaque
 Hossain
 Mohney, Nathaniel Joseph
 Molina, Carlos
 Mood, Girish Rudra Naik
 Mordkin, Robert Mark
 Morrison, Jimmy Joe
 Morrissey Jr., John Daniel
 Mousa, Fahd
 Muchow, Ryan David
 Mukete, Bertrand Njume

Mukherjee, Sanjoydeb
 Mupamombe, Charles
 Tonderai

N - O

Nadig, Nandita Ramananda
 Nahm, Frederick Ki-In
 Nam, Myung Hee
 Naqvi, Syed Anser Ali
 Natale, Ryan Barret
 Nguyen, Minh Duc
 Nierman, David Mark
 Nkadi, Chukwuemeke Oscar
 Ntimba, Francis David
 Rwampame
 O'Neil, Patrick Francis
 Odaibo, Stephen Gbejule
 Ogundipe, Temitayo
 Akinsode
 Olayemi, Gbemisola
 Mayokun
 Olevian, Dane Christopher
 Ondrush, Joanne Mary
 Oppenlander, Kathryn
 Elizabeth
 Orlovic, Dragana

P - R

Pai, Roshan Balakrishna
 Paik German, Aimee Soyun
 Palko, Joel Robert
 Pandey, Rahul Kanhaiya Lal
 Pannu, Sukhbir Singh
 Patani, Hemant A.
 Patel, Kiran Navin
 Patel, Sheetal Haresh
 Patel, Amar Raju
 Patel, Chetan Narendra
 Patel, Bankim Udayan
 Patil, Allamprabhu
 Sahebgouda
 Paz, Yehuda Edo
 Percy, Cornell
 Periakaruppan, Ramayee
 Perry, Steven Davis

Pervez, Muhammad Ijaz
 Pezzone, Kimberly Marie
 Pfister, Gregory John
 Poller, William Richard
 Prakash, Bala
 Prusick, Vincent William
 Puchi, Luis Alberto
 Pullapilly, Anand Joseph
 Raboff, William Kimberly
 Raghunath, Sneha
 Nanjundiah
 Rahman, Ebad Ur
 Ramakrishnan, Nagarajan
 Rangel, Lynsey Erin
 Rasul, Ijaz
 Ravichandran,
 Nagamanikkam
 Real, Jennifer Swisher
 Regner, Sean Ryan
 Rho, Lisa
 Richards, Scott Burgess
 Robins, Michael Bruce
 Robinson Waters, Janet
 Frances
 Rominger, Annie Heffernan
 Rosen, Paul
 Roy, James William
 Ruszkowski, Ronald Joseph

S - T

Saad, Marwan Saad
 Mohamad
 Sackrowitz, Rachel Emily
 Saeed, Mohammad Hassan
 Sahni, Pooja
 Sahni, Adarsh
 Salam, Shameen Abdul
 Saldivar, David Roberto
 Salman, Tarek Hamad
 Soliman
 Satsangi, Anurag
 Sawaged, Nabeel Jalal
 Schwabenbauer, Kathleen
 Susan
 Schwartz, Mitchell Lonny

(continued on page 18)

New Licensees *(continued from page 17)*

Seyedian, Maziar
 Shackour, Mazin
 Shafi, Sumaira
 Shah, Kavita Bhartendu
 Shahzad, Moazzam
 Sharfin, Glenn Iver
 Sharma, Sunil
 Shavor, Cindy Sue Soto
 Shih, Gary Weifeng
 Sichani, Afsoun Mohammadi
 Silver, Ethan Harold
 Simays, Andrew Edward
 Simpson, Reagan Loftin
 Sloane, Peter Jeffrey
 Smith, Mark Winston
 Smith, Robert Terry
 Solik, Steven Craig
 Sonikpreet
 Soriano, Cynthia Marie
 Srinivasan, Sriraman
 Sriwastava, Shitiz Kumar
 Srouji, Lara Saleh
 Stanchina, Michael Lawrence
 Starks, LaWanna Marie
 Steinberg, Lon Robert
 Stern, Orli
 Stich, Jeremy Patrick
 Stotland, Mitchell Brandon
 Sundry, Rael David
 Suwal, Sanjay
 Taras, John Stanley
 Taylor, Barbara Elaine
 Thomas Jr., David Brandon
 Thompson, Andrew David
 Topalidis, Dimitrios
 Toushan, Mazen
 Trice, Kevin Kernan
 Tripathi, Richa
 Tulachan, Sunita
 Twu, Tina Chen

U - Z

Udogu, Chioma Vivian
 van Aalst, John Ananda
 Vasudevan, Archana
 Venkataraman, Ramesh

Vulava, Srikrishna
 Waanbah, Barryton Decruse
 Wagner, Rachel Miriam
 Wali, Omer
 Wang, Hailong
 Ward, Michael Mundy
 Wargo, Jennifer Tumulty
 Westawski, Daniel Benjamin
 Willard, Megan Dunnigan
 Wilson Jr., Lawrence Eugene
 Wilson, Duane Charles
 Wong, Matthew Harry
 Woodberry, Kerri Michelle
 Yacoub, Emad Nasr
 Yang, Doris
 Ye, Irving
 Zacharias, Joseph Abraham
 Zadoo, Vikram Philip
 Zaigham, Samrah
 Zhang, Amy Hnin
 Zoeller, Christian Westcott
 Zoesch, William Earl

IMLC LICENSEES**A - K**

Archinard, Tommeke Michele
 Atuahene, Nana Frema
 Bovo, Mary Jane
 Buell, Elizabeth Hauslein
 Carlin Jr., Daniel Joseph
 Clegg, Pamela Potter
 DeJesus, Dennis
 Dom, Patrick McCullough
 Dougherty, Michelle Lynne
 Dutton, John Patrick
 Ellison, Richard Wesley
 Gill III, Lawrence Gordon
 Gondal, Muhammad Khalid
 Halanski, Amy Denise
 Hammond, Kendra Marie
 Haque, Moneera Nur
 Hendry, Ronak Dana
 Henriksen III, Clarence
 Richard

Hughes, Elizabeth Chandler
 Williams
 Islam, Tanzeel
 Jensen, Jerri Lynne
 Koch, Paul Eric
 Kwak, Tommy Junyoung

L - Z

Lee, Gene Hyung
 Lieberman, Jeffrey Lawrence
 Maimon, Martin
 McCarthy, Diane Whelton
 McDonald, Monica Lee
 McSweeney, Amanda Marie
 Mehr, Samuel Harry
 Mohseni, Alex Shokouhi
 Neher, Timothy James
 Nguyen, Anna Ngoc
 Parr, Alexander Webb
 Priyampolskiy, Garri
 Rivera Pabon, Francisco
 Rafael
 Roethle, Scott Taggart
 Sanchez, Alicia Kim
 Schwartz, Edward William
 Shah, Ravi Jatin
 Shah, Asha Patel
 Stone, James Edwin
 Subramaniam, Umashankar
 Suh, Yong Duk
 Taras, Angie Rosanne
 Tharpe Jr., Chet Allen
 Timothy, William Scott
 Troutman, Holmes Russell
 Wright, Seth Warren
 Zarembo, Joseph Anthony

**PODIATRIC
PHYSICIANS**

Atik, Jana
 Dupont, Brett James
 Hoffman, Bradley Henry
 Schopf, Robert Bruce

**PHYSICIAN
ASSISTANTS****A - K**

Alesandrini, Dominic Michael
 Allen, Robin Mary
 Arndt, Sinead Deirdre
 Blackledge, Amber Rose
 Blake, Stacy Megan
 Burdi, Lana Julia
 Cain, Sharon Roberta
 Dekart, Kelsey Quinn
 Duckwall, Chase Emerson
 Faló, Alexa Marie
 Flowers, Richard Allen
 Harris, Rachel Ann
 Hill, Sha'Quayla Jean
 Hunt, Sarah Beth
 Jeffries, Rachele Nicole
 Johnson, Raymond Jacob
 Kovatch, Natalie Marie

L - Z

Laird, Katlyn Nicole
 Livers, Jonathan Kirk
 Masino, Frank Steven
 McIlvenny, Aislinn Marie
 Nelson, Emily Frances
 Niese, Nicole Leigh
 Pastors, Dustyn Gregory
 Perrine, Alycia Marie
 Rabinek, Melissa Ann
 Russell, Maureen Gallagher
 Smith, Stacey Ann
 Smith, Janet Lee
 Spruill Jr., Ronald Ray
 Tranchini, Alexandra Leigh
 Trautzsch, Leah Marie
 Zeigler, Ceirra Michelle