

West Virginia Board of Medicine

June 2016

Upcoming Board Meetings

July 11, 2016

September 12, 2016

November 14, 2016

Letter From the President

by Ahmed D. Faheem, M.D.



Dr. Faheem

It has been a very busy time for all of us at the West Virginia Board of Medicine.

We have recently returned from a successful and informative Federation of State Medical Boards (FSMB) meeting in San Diego.

Our attending team consisted of Robert C. Knittle, executive director, Jamie S. Alley, our legal officer, Rev. O. Richard Bowyer, past president and active board member, and me. We learned about various initiatives spearheaded by arms of the FSMB and also received updated information from regulatory agencies including the National Board of Medical Examiners, the U.S. Medical Licensing Examination board (USMLE), the Educational Commission for Foreign Medical Graduates (ECFMG), and the Accreditation Council for Graduate Medical Education (ACGME).

The meeting got under way with an excellent presentation by U.S. Surgeon General Vivek Murthy, M.D., who presented a five-point Federal Action Plan to curb rampant opioid abuse, addiction and overdose deaths all over the country. He unveiled the action plan as envisioned and formulated by him and President Barack Obama, who had revealed key aspects of it in Atlanta not too long ago and had also alluded to it during his visit to West Virginia last October.

Murthy also stressed the emotional and psychological implications of this crisis. That this is being included and focused upon in this action plan obviously was music to my ears.

Murthy also touched on the Zika Virus crisis, and the fact that all U.S. cases have been imported from outside by people who visited infested areas. He indicated that he is planning to visit several states as part of the opioid addiction and overdose initiative. I have extended a verbal invitation to him to come to West Virginia and will follow up with a formal invitation soon.

We are all proud of a session

that focused on physician health programs, which included Robert C. Knittle and Brad Hall, M.D., on the panel. It was an excellent presentation and was well received. Those state

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medical boards that do not have the benefit of a PHP had some serious questions and appeared to be very motivated to get that started in their states.

It was also a moment of pride for us that the president of our sister board, Ernest Miller, D.O., was among those running for the Foundation's Board of Directors. Though not elected this time, we commend him for his initiative and hope that he will be elected to this leadership role in the future.

We were also able to brag about several achievements of the Board of Medicine and Board of Osteopathic Medicine in regional group meetings with other boards. That gave us an opportunity to learn what other boards are doing and where we stand in comparison. I am proud that our achievements compare very favorably, especially considering our small state and the challenges we face. This is due to the combined efforts of our team, headed by Robert C. Knittle and Jamie S. Alley, and the excellent leadership in our committees.

It was a mixed legislative session for us in 2016. We worked very hard and were successful in several aspects, but there were also an equal number of disappointments. Overall, we are happy that with the leadership taken by the West Virginia State Medical Association plus our support we were able to get

the Telemedicine Bill passed and signed by Gov. Earl Ray Tomblin. We believe this will make the use of telemedicine in our state practical and useful. The rules have been clearly laid out and several of the highlights were points that we had hoped to be included.

This state still lacks access to broadband cable in several areas; unfortunately, an effort to make significant progress in that regard failed during the session. Telemedicine is of great importance, particularly to a rural state like West Virginia, which still lacks specialists in rural counties.

A significant APRN scope of practice bill made it through the Legislature. We will designate two physicians who supervise APRNs to serve on an Advisory Board, and the Board of Osteopathic Medicine will do likewise. These names will be recommended to the governor for formal appointment. The goal is to provide adequate, supervised medical help to people in remote, underserved areas of our state.

As you might have noted through media coverage, the board has taken several actions in recent months. These are well summarized in our various announcements and publications, including this newsletter. The workload particularly of the Complaint Committee investigator and Legal Department

has increased considerably. The Executive/Management Committee and Personnel Committee have been well aware of the importance of resolving these cases in a timely manner, but with diligent and responsible investigation.

In this regard, I am happy to report that we have authorized and hired a full-time investigator to help Leslie Inghram, who has done an excellent job. Our legal counsel, Jamie S. Alley, also has continued to do excellent work in representing and prosecuting cases in the best interest of patient protection.

All our committees have been extremely busy and have functioned very well under their appointed leadership. I want to acknowledge and compliment the chairs, including Dr. Kishore Challa of the Complaint Committee, Dr. Rusty Cain of the Licensure Committee, K. Dean Wright of the P.A. Committee, Beth Hays of the Legislative Committee, and my vice president, right hand and great advisor, Dr. Curtis Arnold. I also want to particularly mention Rev. Bowyer, whose experience, guidance and friendship have been of great value to me and the board.

In short, we continue to face many challenges, but with everybody's help including our excellent executive leadership, we continue to make progress.

Board Offers Statewide Representation

The state of West Virginia currently is seeking interested physicians to fill two vacancies on the West Virginia Board of Medicine.

Under authority of the West Virginia Medical Practice Act, the Board of Medicine is the sole authority for the issuance of licenses to practice medicine and surgery, to practice podiatry, and to practice as a physician assistant for a medical doctor (M.D.) in the state of West Virginia, and is the regulatory and disciplinary body for medical doctors, podiatrists and their physician assistants.

The board seeks individuals willing to study issues affecting the practice of medicine and to make decisions in the best interest of the public. Member selection reflects the diversity of the profession and provides representation throughout the state.

To be eligible, physicians must have an unencumbered WV license and have been actively practicing for no less than five years.

The board consists of 15 members appointed by the governor. It meets about six times each year, usually on a week-

end, in Charleston. Members also may serve on board committees, which include: Complaint, Corporate Practice of Medicine, Executive / Management, Legislative, Licensure, Personnel, Physician Assistant, Professional Liability and an Ad Hoc Committee on the Americans with Disabilities Act.

For more information, contact:

Becky Neal

Executive Aide to the Governor
1900 Kanawha Blvd., East
Charleston, WV 25305

email: rebecca.l.neal@wv.gov
(304) 558-6636.

Medical Experts Needed

The West Virginia Board of Medicine seeks physician experts to perform case record reviews and possibly provide witness testimony in disciplinary cases that may come before the board. These cases may involve quality of care, prescribing, scope of practice or other medical/legal issues that require outside expertise.

Although the Board of Medicine includes many practicing physicians, outside practitioners with similar training to that of the physician under investigation often are needed to review records and provide a report to the board. The expert witness may be called by the board to provide testimony in an administrative hearing if formal

charges are filed or disciplinary action is taken.

The Board of Medicine offers a reasonable rate of reimbursement for such reviews and consultations, with contracted amounts commensurate with the demands of a particular case.

The West Virginia Board of Medicine is the regulatory and disciplinary authority for medical doctors, podiatrists and their physician assistants, working to ensure the safety of all West Virginia patients.

For more information, contact Robert C. Knittle, executive director, West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, WV, 25311; or call (304) 558-2921.

Online Payment Service Fees Abolished

At the advent of online applications for licensees of the West Virginia Board of Medicine, the payment of necessary fees included a service fee for payments made via credit card transaction.

As the board has reached the point where all applications are now online, we have concluded that licensees should no longer pay such fees. This change affects all credit card payments made to the board. Those of you who have paid the board by credit card in recent months may have noticed the absence of this charge, as the change went into effect Feb. 1.

2016 Legislative Update

The West Virginia Legislature, during its 2016 regular legislative session, passed several key bills that benefit the medical profession, including a comprehensive telemedicine law (**HB 4463**) that permits, defines and establishes licensing requirements for physicians and podiatrists to utilize telemedicine technologies.

The new law prohibits prescribing Schedule II medications solely through telemedicine. It clarifies that the practice of medicine takes place where the patient is located. The physician also is required to inform the patient of his or her physical location and to provide contact information.

Along a similar track, separate legislation (**SB 47**) allows licensing boards to report anyone engaged in unauthorized medical practice to state or federal law enforcement, or to a prosecuting attorney, while prohibiting anyone without an active, unexpired license to practice telemedicine within the state.

The new law allows a number of exemptions from licensure requirements for those enrolled in a school of medicine or school of podiatric medicine, or engaged in graduate training, as well as exempting certain physicians and podiatrists who may be licensed in other states or foreign countries. These include:

- Commissioned medical officers, members or employees of the U.S. military, Department of Defense, Public Health Service; or any other

federal agency;

- Visiting medical faculty engaged in education, training or research duties at a medical school or institution recognized by the board;
- Members of an air ambulance treatment team or organ harvesting team;
- Those providing consultation on a singular occasion to a licensed physician or podiatrist in this state;
- Those providing teaching assistance, in a medical capacity, for a period not to exceed seven days;
- Volunteers in a non-compensated role for a charitable function for a period not to exceed seven days;
- Those providing medical services to a college or university affiliated and/or sponsored sports team or an incorporated sports team if:
 - He or she has a written agreement with that sports team to provide care to team members, band member, cheerleader, mascot, coaching staff and families traveling with the team for a specific sporting event, team appearance or training camp occurring in this state;
 - He or she may only provide care or consultation for no longer than seven consecutive days per sporting event;
 - He or she is not authorized to practice at

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Physicians packed a House gallery in late February to lobby for amendments to the APRN bill.

© WV Legislative Photography, photo by Perry Bennett

2016 Legislative Update *(continued from page 4)*

a health care facility or clinic, acute care facility or urgent care center located in this state, but the physician may accompany the patient to the facility and consult; and,

- The physician or podiatrist may be permitted, by written permission from the executive director, to extend his or her authorization to practice medicine for a maximum of seven additional consecutive days for good cause.

A physician or podiatrist may practice in West Virginia under these exemptions for no more than a cumulative total of 30 days in any one calendar year.

Legislative changes related to the Patient Injury Compensation Fund (see Page 8) and the Controlled Substances Monitoring Program (see Page 9) will also impact physician practice.

Other Legislation of Interest

Both the West Virginia Board of Medicine, as well as the Board of Osteopathic Medicine, the WV State Medical Association and other professional medical and law enforcement groups opposed the original version of **HB 4334**, which expands prescriptive authority for advanced practice registered nurses.

Amendments to this bill, ultimately approved by the Legislature and signed into law by Gov. Earl Ray Tomblin, remove prescriptive authority for Schedule II controlled substances such as OxyContin and morphine, allow APRNs to apply for independent practice after three years of collaboration with a physician, establish a 13-member



Delegates Chris Stansbury, O.D. (left) and Matthew Rohrbach, M.D. discuss legislative strategy. © WV Legislative Photography, photo by Perry Bennett

Joint Advisory Council on Limited Prescriptive Authority, and allow APRNs to sign death certificates following training, as well as certain other health-related documents.

The APRN Advisory Council will consist of 13 members, including six APRNs with at least three years of full-time practice experience, and consisting of at least one certified nurse practitioner, one certified nurse-midwife, and certified nurse anesthetist; two licensed allopathic physicians who are in a collaborative relationship with APRNs; two licensed osteopathic physicians who are in a collaborative relationships

with APRNs; one licensed pharmacist; one consumer representative; and, one representative from a school of public health or institution of higher education.

Board Member: Photo Update

The photo of Beth Hays, M.A. was not available for the December 2015 issue.



Beth Hays, M.A.
Bluefield

Reducing Risk: Opioid-Prescribing Guideline Developed by CDC

Since 2006, West Virginia has been the epicenter for prescription drug overdose deaths in the nation. This primarily has been fueled by the liberal prescription of opioids over the past decade, unfortunately compounded by overdose deaths from heroin and illicitly produced fentanyl.

In 2015, our numbers reached more than 700 deaths related to drug overdoses, 610 of which resulted from prescription drugs. Not only do we continue to lead the nation, but our rate of deaths per 100,000 people is substantially higher than the second highest state.

The number of deaths related to opioid overdoses is tightly correlated to the amount of opioids prescribed. It is not surprising that West Virginia leads in this category as well, despite a decrease in known “pill mills” and the prosecution and discipline of physicians who have violated state and/or federal law in the prescribing of opioids.

The state Board of Pharmacy reports that in 2015 alone, medical practitioners prescribed more than 104 million doses of hydrocodone and oxycodone products for our population of just over 1.8 million people. Recent statistics reflect a decrease in prescribing relative to our own previous numbers; however, compared to other states, our prescribing rates remain very high.

We can no longer blame everything on a few clinics and a few bad apples. We must come to the realization that, as a state, we rely far too heavily on opioids in our practices and must come to terms that opioids are far more dangerous than what we had previously thought or been led to believe. We have been embroiled in this issue for so long that we truly struggle to retain a balanced perspective as to the serious implications and the extent with which we are prescribing.

The desire to more effectively treat pain was

well-intended, particularly with regard to pain associated with terminal cancer and palliative care. Early efforts to treat pain with opioids were expanded to treat other conditions beyond end-of-life care, and were based more so on aggressive and sometimes misleading marketing of long-acting opioids than available research on the actual effectiveness of opioid therapy or its addictiveness.

Current research indicates there are substantial risks associated with opioid therapy, while the therapeutic benefits are not always clear. Most prescription opioids on the market are full mu-opioid-receptor agonists and are no less addictive than street drugs such as heroin.

Research also supports the use of non-opioid pharmacologic and/or non-pharmacologic options as a first step in treatment in many cases. As research in this area continues at a strong pace, it is becoming obvious that the risks of addiction and overdose warrant consideration of other

forms of therapy which may provide equal or better outcomes in reducing pain, improving functionality and prompting a higher quality of life.

In an effort to support physicians in treating and caring for patients who suffer from pain, the Centers for Disease Control and Prevention (CDC) issued a “Guideline for Prescribing Opioids for Chronic Pain” in March. The guideline was the result of rigorous scientific review and input from hundreds of experts and practitioners, as well as more than 150 professional and advocacy organizations, other federal agencies and the public.

The scientific evidence on treating chronic pain has been made clear. For a vast number of patients, the too-often-fatal risks associated with opioid therapy outweigh any suspected and often transient benefits they provide.



Reducing Risk *(continued from page 6)*

There are three major principles that form the basis for the 12 recommendations found in the CDC guideline:

1. Non-opioid therapy is preferred in treating pain outside of palliative or end-of-life care. The use of opioids should only occur after carefully weighing the substantial risks associated with it, including addiction.
2. The lowest possible dosage of opioids should be prescribed, if you chose to use them, in order to reduce the possibility of overdose. The rule of thumb is to “start low and go slow.”
3. Patients who are prescribed opioids should be closely monitored including, the use of urine screens. The concurrent use of benzodiazepines should be avoided in order to mitigate the risk of overdose. Naloxone should be made available to those who are deemed to be at high risk of addiction.

Patients should have a clear understanding and be fully informed of the substantial risks associated

with taking opioids. They should be counseled on safe storage and possible overdose risk to household members and others.

Physicians should likewise be aware of these risks when treating with opioids and should prescribe only the shortest course necessary. Although the CDC guideline addresses chronic pain, the authors point out that many patients can become physically dependent or addicted to opioids after being treated for acute pain. Three days of treatment or less will often be sufficient; more than 7 days will rarely be required for dependency or addiction to occur.

The CDC guideline offers a wealth of information and practice recommendations. For those of you who are prescribing opioids, it is extremely important that you become familiar yourself with this guideline, as it lays down the structure for best practice in treating chronic pain moving forward.

The CDC guideline is available on the home page of the Board of Medicine website at www.wvbom.wv.gov.

Board Actions - December 2015 to May 2016

Hossam Tarakji, M.D.

12/8/2015 – Administrative Fine / Monetary Penalty
[Consent Order](#)

John W. Neville Jr., M.D.

12/8/2015 - Administrative Fine / Monetary Penalty
[Consent Order](#)

Brian Geoffrey Whalin, M.D.

12/8/2015 - Administrative Fine / Monetary Penalty
[Consent Order](#)

Alfred K. Pfister, M.D.

12/8/2015 - Administrative Fine / Monetary Penalty
[Consent Order](#)

Roberta P. Coulling, P.A.-C.

12/10/15 – Reprimand or Censure
[Consent Order](#)

Wilbur Zinn Sine, M.D.

12/16/2015 - Administrative Fine / Monetary Penalty
[Consent Order](#)

Guneet Chahal Purewal, M.D.

12/16/2015 - Administrative Fine / Monetary Penalty
[Consent Order](#)

Muhammad Salim Ratnani, M.D.

12/21/2015 – Reprimand or Censure
[Consent Order](#)

James Michael Lackey, P.A.-C.

1/4/2016 – Probation of License
[Consent Order](#)

Tressie Montene Duffy, M.D.

1/11/2016 – Revocation of License
[Board Order](#)

Shivkumar Lakshminarayan Iyer, M.D.

1/11/2016 – Revocation of License
[Final Order](#)

Sanjit Kaur Dhaliwal, M.D.

1/11/2016 – Reprimand or Censure - [Final Order](#)

Kevin Michael Clarke, M.D.

1/20/2016 – Reduction of Previous Licensure Action
[Amended Order](#)

Miguel Antonio Montejo, M.D.

1/28/2016 – Revocation of License
[Board Order](#)

Iraj Derakhshan, M.D.

1/28/2016 – Suspension of License
[Final Order](#)
05-16-2016 – Revocation of License
[Board Order](#)

Frankie Allen Puckett, M.D.

1/28/2016 – Suspension of License
[Amended Order](#)

Brendan Linus O’Hara, M.D.

2/8/2016 – Administrative Fine / Monetary Penalty - [Consent Order](#)

Jayapal Guttikonda Reddy, M.D.

2/10/2016 – Administrative Fine / Monetary Penalty
[Consent Order](#)

Harold Anthony Cofer Jr., M.D.

2/23/2016 – Education and Training Required
[Consent Order](#)

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PICF Closing Requires Physician Licensure Assessment

The West Virginia Legislature, during its 2016 regular session, passed **Senate Bill 602** which closes the Patient Injury Compensation Fund (PICF) within the Medical Practice Liability Act. Gov. Earl Ray Tomblin signed the bill on March 29, with an effective date of July 1.

The PICF was created in 2004 and allowed patients to seek compensation over and above a \$500,000 cap on medical liability claims. Originally, the state was to transfer \$2.2 million in tobacco settlement dollars in each of three years into the fund, for a total of \$6.6 million. However, the state transferred only \$4.9 million into the fund, and when the tobacco settlement funding stream dried up, so too did funding for the PICF.

In order to satisfy the outstanding liability of the PICF, **SB 602** creates assessments on physicians, hospitals and trial lawyers who settle malpractice claims. According to the new law, physicians must be assessed an additional \$125 for licenses issued or renewed for each of the next two renewal cycles.

The legislation specifies collection of the assessment in calendar year 2016 through calendar year 2019. However, because the West Virginia Board of Medicine will have concluded a licensing renewal period on June 30 – prior to the effective

date of the legislation – the board will seek to extend the assessment into calendar year 2020 to achieve the required two cycles.

The new law allows for limited exemptions from the assessment, including:

- A resident physician who is a graduate of a medical school or college of osteopathic medicine, and who is participating in an accredited full-time program of post-graduate medical education in the state;
- A physician on active duty in the U.S. armed forces and who would not be reimbursed by the armed forces for the assessment;
- A physician who practices

solely under a special volunteer medical license;

- A physician who holds an inactive license or who voluntarily surrenders his or her license; and,
- A physician who practices less than 40 hours a year providing medical genetic services to patients in West Virginia.

All proceeds from the assessment will go directly to the West Virginia Board of Risk and Insurance Management in order to satisfy the PICF liability. If you have any questions about the assessment, contact the Board of Medicine at (304) 558-2921 or visit our website at www.wv-bom.wv.gov.

Board Actions *(continued from page 7)*

Gregory Donald Chaney, M.D.

1/11/2016 – Summary / Emergency Suspension of License

[Board Order](#)

3/21/2016 – Voluntary Surrender of License - [Consent Order](#)

Aaron Everett Bailey, P.A.-C.

4/6/2016 – Other License Action

[Consent Order](#)

Cheryl Benita Wingate, M.D.

4/13/2016 – Limitation or Restriction on License / Practice

[Consent Order](#)

John Keith McKelvey, M.D.

4/18/2016 – Limitation or Restriction on License / Practice

[Consent Order](#)

Jack Thomas Doty III, P.A.-C.

04-27-2016 – Other License Action

[Consent Order](#)

Mohammed Muddassir Mohiuddin, M.D.

05-05-2016 – Administrative Fine / Monetary Penalty

[Consent Order](#)

Jamie Leann Hall-Jasper, D.P.M.

05-16-2016 – Suspension of License

[Consent Order](#)

J. Jorge A. Gordinho, M.D.

05-16-2016 – Revocation of License

[Board Order](#)

Controlled Substances Monitoring Requirements Outlined

The West Virginia Legislature, during its 2016 regular legislative session, modified the requirements for practitioner access to the West Virginia Controlled Substances Monitoring Program (WVCSMP) database, and created new penalties for non-compliance. The provisions are among those included in **Senate Bill 454**, signed into law by Gov. Earl Ray Tomblin on March 29.

Effective June 12, all current licensees of the West Virginia Board of Medicine who prescribe or dispense Schedule II, III or IV controlled substances must individually register with the WVCSMP. After July 1, any licensee who has prescribed or dispensed Schedule II, III or IV controlled substances may not renew his or her West Virginia medical license without verification that he or she has obtained and maintained access to the WVCSMP.

In addition, beginning July 1, all new licensees

of the WVBOM who prescribe Schedule II, III or IV controlled substances must likewise obtain individual access to the WVCSMP database within 30 days of licensure.

Physicians cannot satisfy the law's requirement by relying on access granted to another practitioner. Each licensee must obtain and maintain their own access, and all delegates appointed by the licensee must be associated with the licensee's WVCSMP account.

After July 1, any affected licensee who fails to register and maintain individual access to the database shall be subject to a \$1,000 administrative penalty, and may face disciplinary action by the board.

The WVCSMP is maintained and operated by the West Virginia Board of Pharmacy. Information on how to register for access may be found at www.wvbop.com.

OPIOID ANTAGONIST BROCHURES AVAILABLE

The West Virginia Department of Health and Human Resources have developed two brochures for use by medical practitioners, as well as first responders, in the identification and treatment of suspected opioid overdose cases.

DHHR developed the brochures in response to the Access to Opioid Antagonists Act, passed by the West Virginia Legislature and signed into law by Gov. Earl Ray Tomblin in 2015. The law allows initial responders to possess and administer opioid antagonists such as Naloxone in suspected opioid-related overdoses. It also ensures that opioid antagonists are made avail-

able to individuals at risk of overdose, as well as to relatives, friends and caregivers, and establishes responsibilities for licensed health care providers who prescribe opioid antagonists.

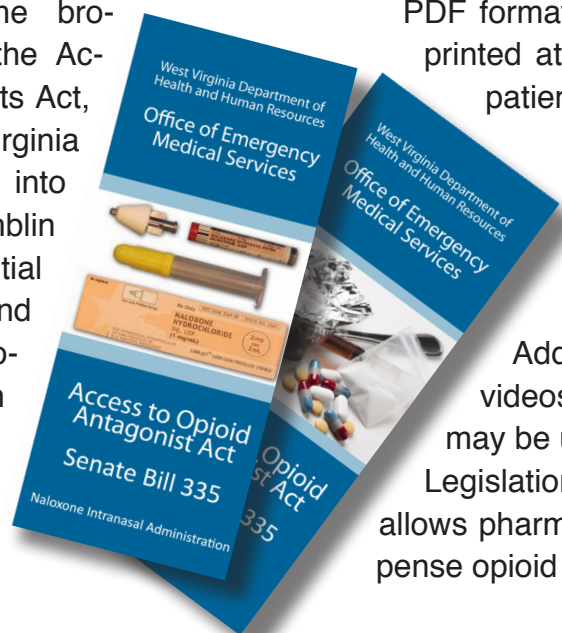
The brochures are available for download (in PDF format) on DHHR's website, and may be printed at physician offices for distribution to patients, staff and others:

[Naloxone Brochure 1](#)

[Naloxone Brochure 2](#)

Additional links on the website include videos and a PowerPoint presentation that may be used for training purposes.

Legislation passed during the 2016 session allows pharmacists and pharmacy interns to dispense opioid antagonists without a prescription.



Addiction & Rx Drug Abuse Conference Previewed

October 20-22 • Embassy Suites, Charleston

The Appalachian Addiction and Prescription Drug Abuse Conference scheduled Oct. 20-22 at Embassy Suites in Charleston offers medical professionals from West Virginia and around the country a forum to discuss addiction and treatment issues, and share best practices.

The West Virginia State Medical Association and the CAMC Health Education and Research Institute provide this annual educational event. Sponsors include the WV Board of Medicine and the WV Board of Osteopathic Medicine, the WV Osteopathic Medical Association, state Department of Health and Human Resources, and the WV Medical Professionals Health Program.

The conference satisfies the state-mandated continuing medical education requirement for physicians and many other disciplines in this area. For those unable to attend, the WVSMA condenses the program into a three-hour webinar accessible

to all physicians. There is additional CME /CEU credit for multiple other disciplines as well.

Medical professionals must work together with government and law enforcement to mitigate the drug abuse crisis plaguing West Virginia. "To ensure success, we need to reach all physicians," said conference organizer Dr. P. Bradley Hall, director of the WVMPHP's Health Program. Hall is also a member of the Governor's Advisory Council on Substance Abuse and president of the WV Society of Addiction Medicine.

A preliminary conference agenda is available at www.wvsma.org and www.wvmphp.org. For more information, email karie@wvsma.org or call (304) 925-0342, ext. 12.

Comment Period Under Way for Proposed Amendments to Board Rules - 11 CSR 1A and 11 CSR 1B

Due, in part, to legislation enacted during the 2016 regular session of the West Virginia Legislature, the West Virginia Board of Medicine has proposed amendments to Board Rules 11 CSR 1A, Licensing and Disciplinary Procedures: Physicians, Podiatrists; and 11 CSR 1B, Licensure, Disciplinary and Complaint Procedures, Continuing Education: Physician Assistants.

Written comments on the proposed amendments are being accepted through 4:30 p.m. on June 30, 2016, and should be submitted to:

Robert Knittle, Executive Director
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, West Virginia 25311
Robert.C.Knittle@wv.gov

To view the proposed amendments, please click on the appropriate link below.

[11 CSR 1A](#)

[11 CSR 1B](#)

Dr. Hall Leads National Organization

Dr. P. Bradley Hall, executive director of the West Virginia Medical Professionals Health Program, has been named president of the Federation of State Physician Health Programs (FSPHP), effective April 30. He will serve as president until 2018.

The FSPHP represents all current member PHPs in 46 states and the District of Columbia, as well as members in Canada and the Netherlands.

Dr. Hall is a third-generation West Virginia physician originally from Clarksburg. After 15 years of private practice in Bridgeport, he helped establish the WVMPHP, serving as its founding medical director. He also currently serves as president/executive director of the West Virginia Society of Addiction Medicine.



Dr. Hall

Annual Report: Physician and Population Totals by County

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 2016.

The report provides statistical information regarding medical doctors, doctors of podiatric medicine and physician assistants for the period of June 30, 2013 through June 30, 2015. The annual report in its entirety is available on the board’s website, www.wvbom.wv.gov.

This year’s report indicated that between June 30, 2014 and June 30, 2015, West Virginia lost 60 medical doctors. This is the first time in well over a decade that we have experienced a net reduction in the number of medical doctors in our state. Of our 55 counties, 21 experienced a decrease in the number of MDs whose primary practice location is listed in that county. Conversely, 19 counties experienced an increase in physicians.

This shift in physician population coincides with current general popula-

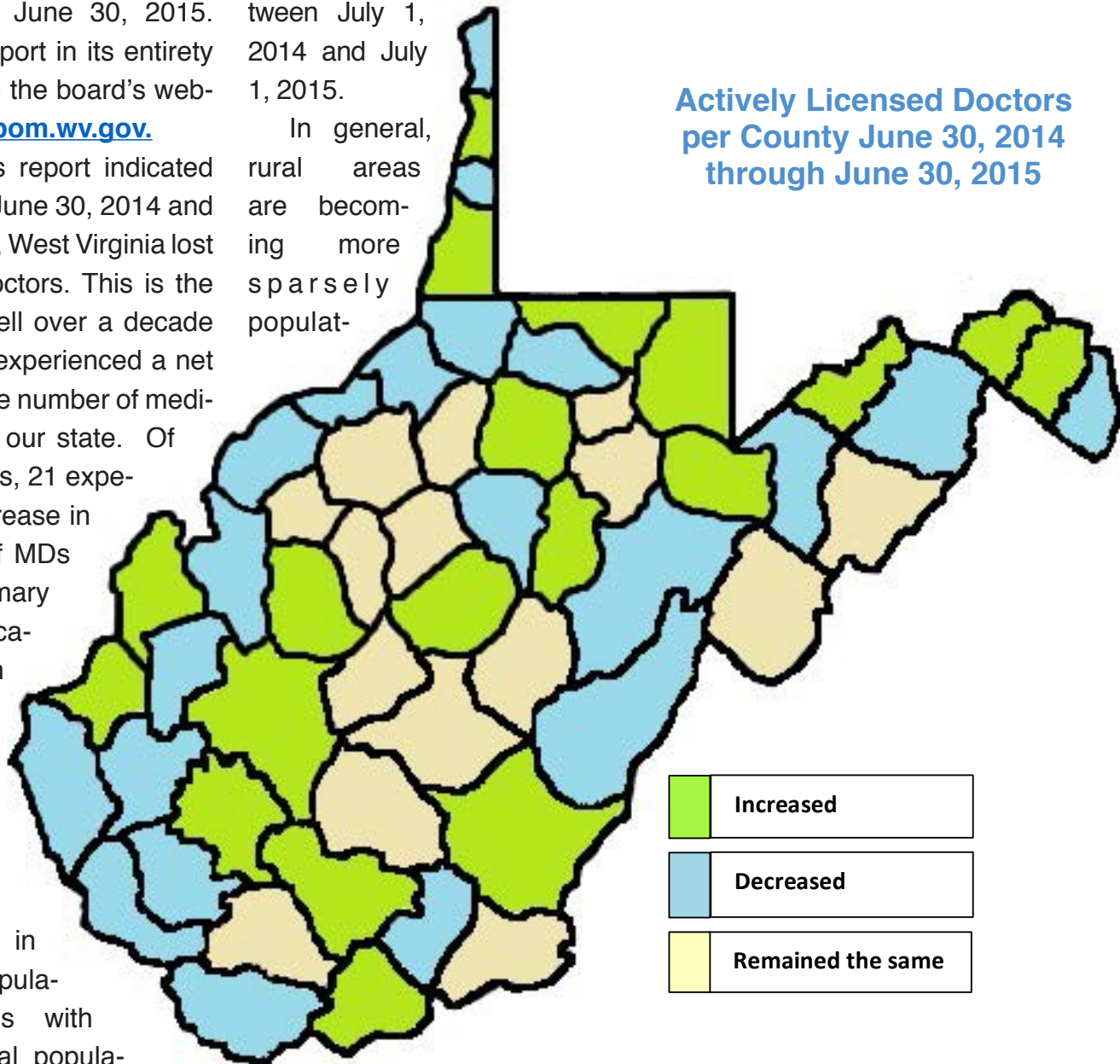
tion trends with the exception of Kanawha County, which had the greatest estimated decrease in population (1,891), but gained 26 MDs.

According to population estimates obtained from the U.S. Census Bureau (located on page 12), the population in West Virginia decreased by 0.3 percent, or 6,198 individuals, between July 1, 2014 and July 1, 2015.

In general, rural areas are becoming more sparsely populated

ed as our citizens migrate either out of state or to the more-populated towns and cities in West Virginia. Likewise, medical doctors are concentrating in the more populated areas and becoming more affiliated with hospitals, universities, health care systems and group practices as opposed to independent or solo practice.

Actively Licensed Doctors per County June 30, 2014 through June 30, 2015



Medical Doctors per County

West Virginia County	Active Medical Doctors as of June 30, 2014	Active Medical Doctors as of June 30, 2015	Population Estimate July 2014*	Population Estimate July 2015*
Barbour	10	10	16,766	16,704
Berkeley	173	183	110,497	111,901
Boone	14	15	23,714	23,372
Braxton	8	9	14,463	14,415
Brooke	30	35	23,530	23,350
Cabell	596	600	97,109	96,844
Calhoun	4	4	7,513	7,470
Clay	5	5	8,941	8,910
Doddridge	2	2	8,391	8,176
Fayette	24	24	45,132	44,997
Gilmer	2	2	8,618	8,518
Grant	17	13	11,687	11,766
Greenbrier	57	59	35,450	35,516
Hampshire	13	11	23,483	23,353
Hancock	49	44	30,112	29,815
Hardy	5	5	13,923	13,852
Harrison	184	194	68,761	68,714
Jackson	18	16	29,126	29,237
Jefferson	100	77	55,713	56,482
Kanawha	706	732	190,223	188,332
Lewis	29	28	16,414	16,448
Lincoln	10	7	21,561	21,415
Logan	50	48	35,348	34,707
McDowell	25	24	20,448	19,835
Marion	84	69	56,803	56,925
Marshall	26	28	32,416	31,978
Mason	29	31	27,016	27,037
Mercer	124	125	61,785	61,164
Mineral	19	20	27,578	27,451
Mingo	22	20	25,716	25,292
Monongalia	775	807	103,463	104,236
Monroe	0	0	13,582	13,506
Morgan	12	16	17,453	17,524
Nicholas	27	27	25,827	25,594
Ohio	222	219	43,328	43,066
Pendleton	5	5	7,371	7,229
Pleasants	4	3	7,634	7,674
Pocahontas	6	4	8,662	8,607
Preston	26	28	33,788	33,940
Putnam	57	56	56,770	56,848
Raleigh	211	215	78,241	77,510
Randolph	56	54	29,429	29,126
Ritchie	3	3	10,011	9,982
Roane	11	13	14,664	14,435
Summers	7	5	13,417	13,239
Taylor	9	9	17,069	16,912
Tucker	4	5	6,927	6,966
Tyler	10	8	9,098	8,975
Upshur	31	32	24,731	24,758
Wayne	29	27	41,122	40,971
Webster	3	3	8,834	8,755
Wetzel	15	12	15,988	15,816
Wirt	2	2	5,845	5,880
Wood	188	178	86,237	86,452
Wyoming	3	3	22,598	22,151

* Population estimates were obtained from the United States Census Bureau website,

www.census.gov/quickfacts

New Licensees - January to May 2016

Physician Licenses

The West Virginia Board of Medicine issued 226 physician licenses between January and May 2016. Congratulations to the following:

A-B

Adewunmi, Adeshola Kazeem
 Agnesi, Nicholas Frank
 Akrami, Jason Ashkan
 Allawi, Ali Tawfik
 Alsaleh, Anas Adel
 Amjad, Ali Imran
 Arrington, Erica Michelle
 Asencio Magdaleno, Luis Alejandro
 Asher, Niyati Nikhil
 Avila Lima, Dayra Carolina
 Badhwar, Vinay
 Bailey, Kimberly Shilling
 Bajaj, Sonal
 Baquero, Jaime Andres
 Barr, Karen Elizabeth
 Barry, II, Charles Daniel
 Barton, Jr., John Homer
 Baylor, Cambria Marie
 Beckom, Constance Waddell
 Benz, Thomas Barley
 Bernuy, Lis Carol
 Bessler, Robert Aaron
 Bitar, Maya Said
 Blackmon, Joshua Marion
 Bobb, Wendell Torrance
 Bozek, Alexia Frances Fernandez
 Bramati, Patricia Susana
 Brewer, Thomas Fordham
 Bush II, Stephen Harold
 Bush, Carrie Marie

C-D

Campbell, Susan Beverin
 Cao, Mailan Melissa
 Chamsuddin, Abbas Afif
 Christiansen, Matthew Quick
 Clark Jr., Walter Jerome

Cohen, Harold Lane
 Colon-Acevedo, Betsy
 Cook, Ryan James
 Cortina, Jorge Alberto
 Cox Lebreton, Christina Lyn
 Crawford, Cherish Leann
 Curry, Matthew Bruce
 Curtis, Carolyn Anne
 Dabas, Sanjay
 Dawson, Brian Christopher
 DeRoos, Jan Pierre
 Dennard, Andrew Keith
 Dhar, Romika
 Dib, Salim Ibrahim
 Dischman, Elaine Cronauer
 Dotson, Sarah Jane
 Driver, Barry Michael
 Duenas, Omar Felipe

E-J

Eccher, Matthew Alan
 Gabasha, Shayef Ahmed
 Gardner, Mary Eleanora Moody
 Gentilin, Andrew Joseph
 Gerstenblith, Adam Theodore
 Gilbert Jr., Stewart Dixon
 Gilmour, Carol Huntress
 Glaser, Anne Miriam
 Goel, Manik
 Golembeski, Christopher Paul
 Gulati, Rohit
 Gupta, Nihit
 Gwinn, Sky Ramsey
 Habash, Ranya Georgia
 Hackney, Adam Michael
 Hamdan, Ashraf Hosni Mahmoud
 Harmon, Jessica Leigh
 Hartley, Taylor Lowe
 Hikes, Ryan Matthew
 Ismail, Muhammad Sami
 Jacob, George Mack
 Jacobs, Angela Marie
 Jacobs, II, Richard Lee
 Jacobson, Richard David
 James, Dorsha Nicole
 Jameson, Jennifer Elizabeth
 Jamil, Muhammad Omer
 Jarmoszuk, Irene
 Johnson, II, Charles
 Johnson, Dawn Marie

Jones, Frances Jo-Ellen
 Juliano, Barbara Marie

K-L

Kaplan, Alesia
 Karmo, Hadeer Noori
 Kerns, Scott Robert
 Kim, Daniel Dae
 Kim, Min Jung
 Kloesz, Jennifer Lynn
 Knox, James Daniel
 Kondapalli, Srinivas Sai Appala
 Kraus, Jacqueline Joy
 Krenitsky, Gabriel Harrison
 Kuremsky, Jeffrey Griffin
 Kwark, Hyun-Soon Ellen
 Lalaji, Tejal Mahendra
 Lalaji, Anand Pankaj
 Lane, Philip Edward
 Lasher, Jr., Stephen Andrew
 Lechiara, Steven Scott
 Lee, Jung Jin
 Lee, Woo Jung Jay
 Leidl, Matthew Christopher
 Lemerande Jr., Alan Robert
 Lengle, Steven James
 Leon-Guerrero, Archana Goel
 Likens, Jason Willis
 Littleton, Kailey Anne
 Lockwood, Matthew Max
 Lynch, Michael Christopher

M-N

Majed, Batoule Hasan
 Malhotra, Konark
 Mansouri, Bita
 Mapes, Kenneth Leroy
 Marone, Luke Keith
 Martin, Ian Bebvon Kuwait
 Martone, Louis Senese
 Mathur, Mayank
 Matta Gonzalez, Maria del Pilar
 Mattson, Melanie Danielle
 May, James Stuart
 McCoy, Mary Cathleen
 McKelvey, John Keith
 McLeod, Marilyn Kay
 Medsker, Brock Harrison
 Meeks Schimmel, Jaime Lynn

Mehta, Manan Samir
 Meinert, Elizabeth
 Mekesa, Melissa O'Ryan
 Miguel, Tiago
 Moise, Alicia Ann
 Morais, Joshua Dennis
 Morton, Johanna Leigh
 Moss, Thomas Howard
 Mueller, Mark Edward
 Munir, Muhammad
 Muzumdar, Hiren Vidyadhar
 Naugler, Willscott Edward
 Neuman, Jonathan Christopher
 Nguyen, Grace Hoang-Oanh
 Nguyen, Pho Minh
 Nowak, Marie

O-R

O'Malley, Lauren Heather
 Ogu, Iheanyichukwu
 Omar, Arif Mohammad
 Onojobi, Gladys Onotokunbo
 Oswari, Andrew
 Paliwal, Akshat
 Palmer, Eric Scott
 Papachristou, Marios Dimitrios
 Payne, Vaughn W.
 Penalver, Alberto Angel
 Perme, Charles McCrory
 Perry, Nicholas Anthony
 Pierce, Audrey Ann
 Pluiose, Claude-Murat
 Potlapalli, Tejaswini
 Power, Peter James
 Qayyum, Sohail
 Ragoor, Vijayalakshmi Reddy
 Rahman, Sheeba
 Raina, Sameer
 Ramsey, Andrew Michael
 Rankin, James Scott
 Rath, Pamela Paczan
 Reddy, Susmitha Marri
 Rehan, Arshad
 Reidenbaugh, Robert Tyler
 Retzinger, Andrew Christian
 Rey, Laura Maria
 Riley, Melissa Marie
 Rodriguez-Jimenez, Horacio Jorge

(continued on page 14)

New Licensees

(continued from page 13)

Rolfe, Deborah Lynne
Rongey, Christine Lori
Rood, Mark Neil
Rosen, Heather Lynn
Ross, Kelly Griffith
Roth, Steven Michael
Rowell, Jeremy Andrew
Roy, Stephen Allen

S-T

Saad, Saima
Seachrist, Eric Joel
Shah, Raza Murtaza
Shah, Ronak Rajnikant
Shah, Yash Kumar
Shaikh, Gulvahid Gulhamid
Shaikh, Mohammad Parvez
Shapiro, Scott Bennett
Sharma, Nitin Ramjidas
Sharma, Priyankar
Siford, Kara Elizabeth
Sisto, Todd Frederic
Sizemore, Jenna Noelle
Smith, Andrew Gerritt
Solus, Jason Frank
Somers, Emma Grace
Statler, Kristen Dawn
Steele, Katherine Janel
Suleiman, Hassan Ali
Suwal, Anil
Szoka, Nova Lee
Taba, Kiana
Tenenholz, Todd Carl
Thomas, Zachariah Marion
Thuro, Bradley Alan
Tiwari, Tajdhary
Truong, Dennis Van
Tsimerinov, Evgeny Ilych

U-Z

Ubert, H. Adam
Vallandigham, John Clark
Varma, Rashi
Verma, Vishal
Viglianco, James Peter
Wang, Hong
Ward, Melanie Dale
Washington, Jacqueline
McFarland
Wei, Lawrence Ming
Williams, Farah Brown
Windham, Charles Parker
Woods, Brain Patrick
Yanowitz, Toby Debra

Yoon, Kristopher Kuksu
Zhang, Deng
Zhao, Tailun

Podiatrist Licenses

Eberhardt, Seth Glenn
Ellsworth, Matthew

Physician Assistants

The West Virginia Board of Medicine issued 28 physician assistant licenses between January and May 2016. Congratulations to the following:

A-C

Bailey, Aaron Everett
Batdorff, Jamy Adelina
Beatty, Tina Leigh
Bender, Joseph Warren
Blankenship, Kelly Dawn
Blich, Margaret Elizabeth
Childers, Jennifer Lynn
Cook, Allison Lee
Cox, Bonnie Gail

D-K

Doty, III, Jack Thomas
English, Erica Lynn
Goode, Amy Morgan
Humphrey, Sidney Alan
Hyden, Kimberly Jo
Jones, Jeffrey Lee
Knepper, M. Michelle
Knopick, Shelby Ann

L - Z

Legato, Samantha Marie
Mawani, Anees
Mcconahy, Erin Kathleen
Miles, Jillian Ann
Monico, Valarie L.
Payne, Rebekah Kathleen
Perdue Jr., David William
Price, Rory Richard
Reel Jr., John Emerson
Sisco, Melvin David
Wolfe, Derek Spencer

Change in Board Membership

After serving more than five years as a member of the Board of Medicine, Cathy Funk, M.D., resigned in December 2015. During her tenure on the board, Dr. Funk was an active member on the Licensure Committee and later the Legislative Committee as well. The board is grateful for the years of service and the contributions by Dr. Funk, and wishes her the best in her future endeavors.



Dr. Sheth

In March, Gov. Earl Ray Tomblin appointed Ashish Sheth, M.D., to the board as Dr. Funk's successor, for a term ending Sept. 30, 2019. Dr. Sheth is a member of the Licensure and Physician Assistant Committees.

Dr. Sheth graduated from Dr. Panjabrao Deshmukh Memorial Medical College in 1991. After moving from India to the United States, he began his internal medicine residency at Jersey Shore Medical Center in 1994.

Following residency in 1997, he began practicing internal medicine in Cross Lanes. Dr. Sheth is board certified in internal medicine and is affiliated with Thomas Memorial Hospital, where he has served on the hospital's Peer Review Committee since 2005. Additionally, in 2005 he served as chairman of the Department of Medicine and Family Practice.

Dr. Sheth lives in Cross Lanes with his wife, Falguni, who is a respiratory therapist and assists in his medical practice. Together they have a son, Jay, 17, and a daughter, Jhanvi, 13.

Reminder: the annual report in its entirety is available on the board's website, www.wvbom.wv.gov.

Interstate Medical Licensure Compact Update

Expands to 17 States

Seventeen states across the U.S., including West Virginia, have now joined the Interstate Medical Licensure Compact, and 9 others stand poised to adopt legislation to more than double IMLC membership.

The IMLC offers a streamlined licensing process for physicians interested in practicing in multiple states. The compact expands access to health care, particularly in rural and underserved areas, and facilitates new modes of health care delivery such as telemedicine.

The Interstate Medical Licensure Compact (IMLC) Commission has held its third meeting March 31 and April 1 in St. Paul, MN. The commission's next meeting is June 24 in Salt Lake City, Utah.

In St. Paul, the IMLC Commission discussed and took action on the following items:

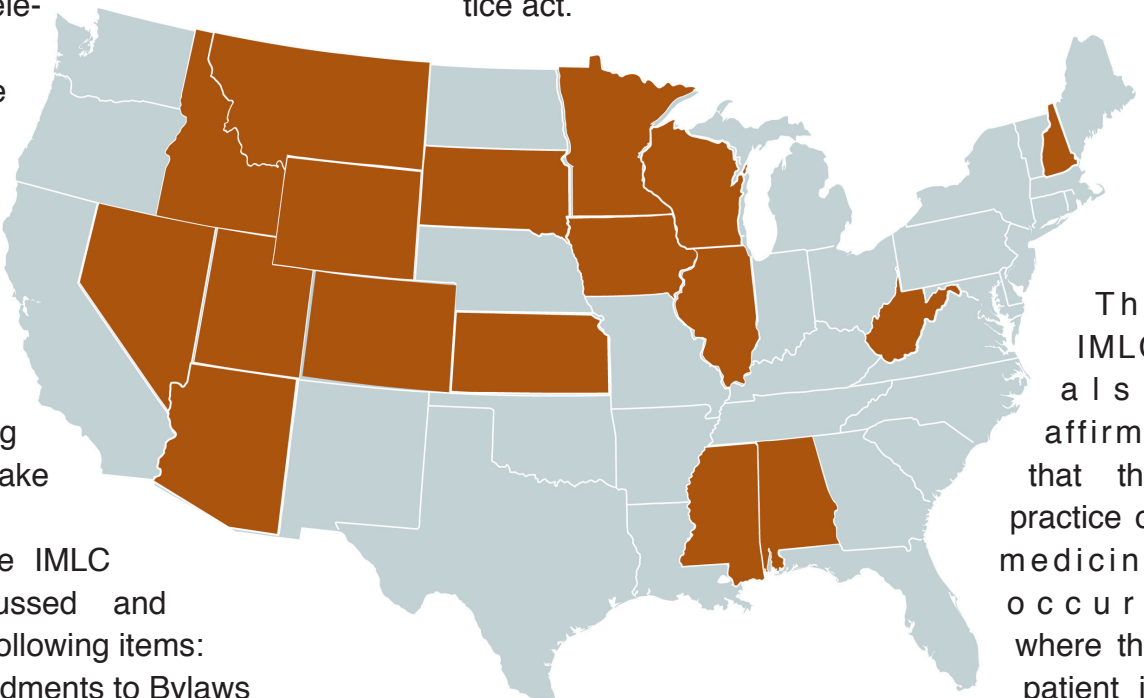
- Proposed Amendments to Bylaws
- Proposed Rules and Rulemaking Process
- Conflict of Interest Policy
- Personnel Needs and Recruitment
- Technology Needs
- Funding Sources and Budget Planning
- Communications Plans and Outreach
- Work Plan and Timetable

The IMLC is a binding agreement among states where it has become state law. These member states include Alabama, Arizona, Colorado, Idaho, Illinois, Iowa, Kansas, Minnesota, Mississippi, Montana, Nevada, New Hampshire, South Dakota, Utah, West Virginia, Wyoming and

Wisconsin.

Legislation to join the IMLC is under consideration in Alaska, Maryland, Michigan, Nebraska, Oklahoma, Pennsylvania, Rhode Island, Vermont and Washington.

The compact allows physicians who have a license in an IMLC state and who meet certain eligibility standards to then receive expedited licenses from other IMLC states. The compact does not otherwise change a state's existing medical practice act.



The IMLC also affirms that the practice of medicine occurs where the patient is located

at the time of the physician-patient encounter. The physician will be under the jurisdiction of the medical board in the states where the patients are located.

The IMLC Commission consists of two appointed commissioners from IMLC state licensing boards. They may be executive directors, or physician or public board members, of those state licensing boards. West Virginia's representatives on the commission are Robert C. Knittle, executive director of the West Virginia Board of Medicine, and Diana Shephard, executive director of the West Virginia Board of Osteopathic Medicine.

Tick-borne Disease Advisory

Lyme disease and other tick-borne illnesses in West Virginia develop most often between April and September. In 2015, 38 counties reported 289 confirmed or probable cases of Lyme disease, compared to 143 cases in 2013 and 136 in 2014. Twelve counties are considered “Lyme disease endemic,” including Berkeley, Greenbrier, Hampshire, Hancock, Jefferson, Kanawha, Mineral, Marshall, Morgan, Roane, Wetzell and Wood.

Tick-borne rickettsial diseases (TBRDs), such as anaplasmosis, ehrlichiosis, and Rocky Mountain spotted fever, have also been reported in the state. Laboratory testing is important for diagnosing tick-borne diseases. For Lyme disease, a two-tiered testing approach is recommended by the Centers for Disease Control and Prevention: an IFA/EIA screen followed by IgG and IgM Western blots. For TBRDs, the gold standard test is IFA using pathogen-specific antigen performed on paired serum specimens (one taken during the first week of illness and another taken two to four weeks later). Doxycycline is the first line of treatment for Lyme disease and TBRDs. It should be initiated whenever any of these diseases are suspected.

Ticks are mostly active during warm months but can reappear during breaks in cold weather.

The Board Welcomes an Additional Investigator

With an increasing workload in the Investigation and Complaints Unit, and after interviewing several well-qualified candidates, the West Virginia Board of Medicine in April hired Patrick Muncie as its new investigator.

Muncie brings several years of investigative work experience to the board. Under the supervision of Leslie Inghram, supervisor of the Investigation and Complaints Unit, Muncie joins a very experienced and capable unit within the board office.

It is important to remind patients to conduct tick checks on themselves (and their pets) when visiting wooded areas. Please work with your local health department to provide timely reporting of tick-borne disease cases and patient information necessary for surveillance.

For more information, visit the Division of Infectious Disease website at www.dide.wv.gov. You may also contact your local health department or DIDE at (800) 423-1271, ext. 1; or (304) 558-5358, ext. 1.

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

Patrick Muncie
Investigator

Karen Day-Burr – *Paralegal*

Rhonda A. Dean
Complaints Coordinator

Sheree Thompson
*Supervisor of Licensing,
Certifications and Renewals*

Amy C. Young, CMCO
PA 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

2016 Licensure Renewals Under Way

Letters “A” through “L”

The licensure renewal application for medical doctors whose last names begin with the letters “A” through “L” was made available on the West Virginia Board of Medicine’s website beginning May 4.

Licensees have until 4:30 p.m. June 30, 2016 to renew their license to practice medicine and/or surgery in the state of West Virginia. Licenses which are not renewed by that deadline will expire at 11:59 p.m. on that date. There is no grace period.

Physicians who are renewing their medical license are required to attest that they have successfully completed 50 hours of Category I Continuing Medical Education (CME) between July 1, 2014 and June 30, 2016. Thirty (30) hours of the CME must be related to the physician’s area or areas of specialty. Additionally, physicians who prescribe controlled substances are required to attest that they have completed three hours of CME training from a board-approved program relating to Best Practice Prescribing of Controlled Substances, Drug Diversion, and Prescribing and Administration of Opioid Antagonists. Physicians may request that the board waive this requirement if they have not prescribed, administered or dispensed any

controlled substances during the period of July 1, 2014 through June 30, 2016.

While physicians are not required to submit documentation of CME training in association with their licensure renewal application, they must attest that they have met the CME requirements of the board. Physicians should ensure that they have documents available in the event that they are audited. The board conducts a random CME audit annually to verify compliance.

In addition to submitting a licensure renewal application, physicians whose last names begin with the letters “A” through “L,” and who dispense controlled

substances, must submit a drug dispensing renewal application. Like licensure renewal applications, drug dispensing renewal applications which are not submitted prior to 4:30 p.m. June 30, 2016 will expire at 11:59 p.m. on that date.

For a list of frequently asked questions regarding licensure renewal, please [click here](#). If you have questions regarding licensure renewal, please contact Sheree Thompson, supervisor of licensing, certifications and renewals, at (304) 558-2921, ext. 70011. If you have questions regarding drug dispensing renewal, please contact Kimberly Jett, office manager, at (304) 558-2921, ext. 70012.

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