



West Virginia Board of Medicine

December 2016

Upcoming Board Meetings

January 9, 2017

March 13, 2017

May 8, 2017

Letter From the President

by Ahmed D. Faheem, M.D.

There are several key issues to address in summarizing the goings-on at the West Virginia Board of Medicine. But to start, let me share the most important news.

Bob Knittle, with us since 2005, will retire at the end of December. I present this news with mixed feelings because I am really sad and upset. So, also, are board members and staff. But also, I feel happy that he is at a stage in life where he feels that he needs to take a well-deserved retirement. He wants to spend time with his family and do the things that he has wanted to practically all his working life.

We all dream that one day, we will be able to successfully enjoy retirement. At the same time, we leave behind people who have really appreciated, cherished, enjoyed, and depended upon us for the great role that we play in their lives. That is exactly the case with Bob.

I developed a very close relationship with Bob during my tenure on the board and in par-



Dr. Faheem

ticular as board president over the last two and a half years. We will miss him; however, he assures me that he will remain available for consultation, just a phone call away. We wish him the best and thank him for his extraordinarily excellent service.

Needless to say, we have been busy looking for a successor. I formulated a Search Committee with myself as chair, Dr. Kishore Challa, our vice president, Rev. O. Richard Bowyer, our past president, Dr. Curtis Arnold, our former VP, and Dr. Rahul Gupta, our general secretary as members. We also engaged the services of Align HR Talent, Inc., which provided us with CVs of well-deserving candidates. We conducted extensive interviews.

I am glad to announce that we decided unanimously to offer the job of incoming executive director to Mark Spangler.

Spangler has served as executive director, CEO and treasurer at Davis-Stuart, Inc. since 1999. He has extensive supervisory and administrative experience overseeing an

agency of 100 employees and 68 residents. At Davis-Stuart, he formulated and implemented long-range financial and developmental goals for this 96-year-old facility by utilizing state and federal reimbursements, as well

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as seeking public and private support. He has excellent management skills and administered a \$5.5 million operating budget. He brings a history of achievement and rich experience to our board.

Staff leadership also has interacted with him extensively, and has resolved to work with him to assure a smooth transition. We all wish Spangler great success.


The board also has been extremely busy with other activities, including licensure and regulatory matters, as well as promulgation of legislative rules. Board attorney Jamie Alley has fine-tuned medication dispensing and storage rules for physician offices and other corporations that we regulate. Those rules have received public comment, and approved by the Rule-Making Committee, and will be considered during the upcoming legislative session (*see Legislative Rules, page 7*).

We continue to work closely with various agencies, including the Federation for Medical Licensure as well as the WV Attorney General's office, in formulating and maintaining standards to educate in the proper dispensing and prescribing of controlled substances.

Our Complaint Committee has had an extraordinary work load of late, which they have managed with great skill and success. My compliments to the chairman, Vice President Chal-

la, and other members including Dr. Curtis Arnold, Dr. Matthew Upton and Cheryl Henderson, Esq., as well as staff members including Leslie Inghram and Robert Knittle, who have spent countless hours to address each case and assure fair and appropriate recommendations to the board.

This was illustrated by a recent case argued before the West Virginia Supreme Court of Appeals, when attorneys representing a physician filed a petition for a writ of prohibition. The petition was submitted on Oct.

**I wish you all
a very happy
holiday season and a
prosperous
New Year.**
 **- Dr. Faheem**

11, asking the court to prohibit the Board of Medicine from taking any further action on a complaint filed by a former patient. The petition contended that the complaint should be dismissed because the board failed to act within a prescribed time limit.

The court's Oct. 27 opinion, delivered by Justice Allen H. Loughry II, concluded that the board complied with West Virginia Code, which permits an extension of time to reach a final ruling on complaints. The time extension had not expired and the court denied the petition.

This decision confirmed that complaints filed with the Board

of Medicine are handled in a responsible, timely manner. I want to congratulate all who serve on this committee.

We also have been informed that we have two new board members appointed by Gov. Earl Ray Tomblin and confirmed by the Senate. Please join me in welcoming Dr. Harry E. Duncan, a South Charleston gastroenterologist, and Dr. David A. Mullins, a surgeon from Princeton. I am certain they will be excellent board members.

I feel proud and humbled by the honor bestowed upon me by the West Virginia Physicians Mutual at the WV State Medical Association gala on Aug. 26, where they presented me with the Robert L. Ghiz Award for my efforts on behalf of our state's physicians. This award recognized my service as WVSMA president in 2001-02 when I worked with the Legislature, and then Gov. Bob Wise and Senate President Tomblin, to establish the mutual. It was so successful that within a year, the mutual repaid a state startup loan. Over time, the mutual has reduced premiums and continues to work very successfully under the leadership of Dr. Austin Wallace.

The important point is that whatever we do as physicians is primarily for the betterment of our patients. Giving responsible and ethical care always is the bottom line.

I wish you all a very happy holiday season and a prosperous New Year. Thank you for all of your help and keep us in your prayers.

Knittle Announces Retirement

Robert C. Knittle will retire as executive director of the West Virginia Board of Medicine on Dec. 31, after 11 years of superior service. The board would like to take this opportunity to recognize Knittle's dedicated service to the board's mission, and his many accomplishments on behalf of the board, health care practitioners and health care consumers in this state.

Throughout his tenure, Knittle has been a strong advocate for protecting the public. The board has worked diligently under his stewardship to modernize systems and processes which regulate the practice of physicians, podiatrists and physician assistants in West Virginia.

Under his leadership, the board gained recognition as an independent board in 2009, and transitioned from being administratively positioned under the West Virginia Department of Health and Human Resources to its current status as an autonomous agency. He restructured the office to attain a strong complement of capable and competent staff. He also worked with staff to modernize board processes and procedures, leading the board's evolution from paper documents to electronic records and on-line application processes.

Knittle assisted in establishing and developing a successful collaborative relationship in 2007 with the West Virginia Medical Professionals Health Program (WVMPHP), which allows physicians, podiatrists and physician assistants to pursue structured treatment and recovery for alcohol abuse, chemical dependency or major mental illness in a monitored environment. He and P. Bradley Hall, M.D., the medical director WVMPHP, were invited to participate as panelists last April during a joint session of the Federation of State Professional Health Programs and the Federation of State Medical Boards (FSMB) titled "Navigating Successful PHP and Licensure Board Relationships."

On the board's behalf, Knittle has worked with the Legislature to foster necessary updates to the West Virginia Medical Practice Act and the board's rules to incorporate and account for the rapid

changes in health care regulation. In 2014, Knittle led the board's advocacy for the enactment of the West Virginia Physician Assistants Practice Act, which completely overhauled and modernized the licensure and regulation of physician assistants in this state.

Knittle also has ensured that the board maintains a thoughtful and respected presence in national discussions and efforts to modernize physician regulation and protect the public. He has represented the board through memberships and affiliations with national professional associations, including the FSMB and Administrators in Medicine (AIM).

Throughout his tenure, Knittle has been an active participant in AIM, the national organization for medical and osteopathic board executives, holding several leadership positions. He further represented the board and its licensees in various capacities with the FSMB, including service on the FSMB Advisory Counsel of Board Executives and the FSMB State Board Advisory Panel to the USMLE.

Knittle was invited to participate in 2013 in the FSMB's Interstate Compact Planning Meeting and the resultant Interstate Compact Taskforce, which was created to explore the formation of an interstate medical licensure compact to enhance license portability for physicians. West Virginia became the fifth state in the nation to enact the Interstate Medical Licensure Compact in April 2015.

Knittle has continued his involvement in the development and implementation of the IMLC, serving as a commissioner of the IMLC since its inaugural meeting on October 27, 2015.

A dedicated leader and conscientious public servant, Knittle has changed the board for the good during the past decade. Unquestionably, he leaves the board in a strong position to move forward.

Knittle will be greatly missed by all of those who have had the pleasure of working with him throughout the years, and we wish him the best in his retirement.



R. Knittle

Board Elects Officers

Dr. Faheem Re-Elected Board President; Dr. Challa Elected Vice President

Beckley psychiatrist Dr. Ahmed D. Faheem was elected to serve a second two-year term as president of the West Virginia Board of Medicine, while South Charleston cardiologist Dr. Kishore K. Challa was elected to a two-year term as vice president.

The election took place during the board's regular bimonthly meeting in July. Dr. Rahul Gupta, state health officer and commissioner of the West Virginia Bureau for Public Health, serves as board secretary.

"I am very pleased and honored to continue in this leadership role for the Board of Medicine," Faheem said. "We have made significant strides over the past two years in helping pass key legislation, such as this year's telemedicine bill, and in combating prescription drug abuse and other health issues.

"We have an outstanding leadership group in place, including our committee chairs and the executive leadership team at the Board of Medicine. I'm excited about all the positive changes we can help bring about in our state."

Faheem, originally from India, completed medical and residency training in India, England and the United States. He is



Dr. Faheem



Dr. Challa

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. In addition to a full-time private practice, Faheem is a clinical professor in the Department of Psychiatry at West Virginia University in Morgantown, and associate medical director of General Psychiatry and medical director of Adolescent Psychiatry at Beckley Appalachian Regional Hospital.

Faheem served on the board from 1993 to 2002. He rejoined the board in November 2010 and his current appointment expires in September 2019.

Challa began his medical education in his native India, and then moved to the U.S. to complete a medical residency and cardiology fellowship. He and his family moved to Charleston in 1989. He has served as the

chief of staff at Thomas Memorial Hospital.

Challa is board certified in internal medicine and cardiology. In February 2013, he was presented with the Distinguished West Virginian award by Gov. Earl Ray Tomblin, and in 2014 received the American Heart Association's Heart of Gold award.

Challa also chairs the board's Complaint Committee. He was originally appointed to the board in January 2013 for a term which expires in September 2017.

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WV Board of Medicine

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2017 Licensure Renewal Notice

PHYSICIANS AND PODIATRISTS

Please be advised that the license renewal of all physicians whose last name begins with the letter “M” through the letter “Z” and all podiatrists who currently hold an active or inactive license will take place in 2017. The licensure renewal period will begin at 8:30 a.m. on Wednesday, May 3, and end at 4:30 p.m. on Friday, June 30.

The online application will be available for completion during this time period. It is to your distinct advantage to renew at your earliest convenience. If licensure renewal is not completed by the end of business on June 30, your license will expire. You may not practice medicine or podiatry in West Virginia without an active license. Those who do will unfortunately face disciplinary action. Practicing without a license may bring your billing during such times into question as well as your professional liability coverage.

Continuing medical education requirements must be met, including the mandated 3 hours of training for Best Practice Prescribing of Controlled Substances and Drug Diversion for those physicians and podiatrists who have prescribed controlled substances in the past two years, and must be completed during the renewal period of 7/1/15 through 6/30/17. Because of recently enacted legislation, for those physicians and podiatrists who prescribe Schedule II, III and IV controlled substances, please take note of additional requirements regarding the West Virginia Controlled Substance Monitoring Program (*see related article, Page 11*) that will impact the renewal of your license. This is also true of the currently mandated payment of the Patient Injury Compensation Fund (PICF) fee (*see related article, Page 10*).

Payment of the \$125 PICF fee is due prior to renewal and can either be paid in advance beginning Jan. 3 by accessing the portal on the board’s home page or just prior to renewal. Answers to [FAQs](#) are available under “Renewal” on the board’s website. Please utilize this information to reduce unnecessary phone calls to the board office.

PHYSICIAN ASSISTANTS

The biennial licensure renewal for physician assistants occurs every odd numbered year. Please be advised that the licensure renewal period for PAs who currently hold an active license begins at 8:30 a.m. on Wednesday, Feb. 8, and ends at 4:30 p.m. on Friday, March 31.

The online application will be available for completion during this time period. It is to your distinct advantage to renew at your earliest convenience. If licensure renewal is not completed by the end of business on March 31, your license will expire. You may not practice as a physician assistant in West Virginia without an active license. Those who do will unfortunately face disciplinary action.

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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*

Ryan Moore – PA Coordinator

Angela Scholl
Licensure Analyst, Last Names A-L

Carmella Walker
Licensure Analyst, Last Names M-Z

Kimberly Jett – Certifications Analyst

Deena Stone – Receptionist / Office Assistant

Deborah Scott – Fiscal Officer

Scott Wilkinson
Information Systems Coordinator

Board News

The month of September traditionally signifies the ending of West Virginia Board of Medicine appointments. Accordingly, at its September meeting, the board recognized the contributions and dedication of two of its members whose second five-year term came to an end, making them ineligible for an additional consecutive term.

Carlos Jimenez, M.D., showed a strong commitment to the board over the span of two terms. Jimenez served on the Physician Assistant and Licensure Committees, as well as having worked on the Legislative Committee and several ad hoc committees over the years, always responding to the needs of the board.

Curtis Arnold, DPM, also completed his second five-year term on the board. Arnold served on the Licensure, Personnel and Executive/Management Committees, and held the office of board vice president. Arnold currently sits on the Complaint Committee and has agreed to stay with the board until his successor is appointed.

Thanks and appreciation goes to both of these



L-R: Dr. Faheem, Dr. Jimenez and Bob Knittle



Dr. Duncan



Dr. Mullins

fine board members for a decade of work and commitment to the board.

Also in September, Gov. Earl Ray Tomblin appointed two new members of the board, filling the seats left vacant by Drs. Kenneth Nanners and Michael Ferrebee.

Harry E. Duncan, M.D., was appointed to the board on Sept. 15. Duncan is a well-established gastroenterologist who has practiced his entire career in Charleston. A graduate of the West Virginia University School of Medicine, he completed post-graduate training at the WVU Charleston Division.

Concurrently, Gov. Tomblin also appointed David A. Mullins, M.D. of Princeton.

Mullins is also a WVU medical school alumnae who likewise completed his residency through WVU and since has successfully practiced as a general surgeon in the Princeton area.

The board welcomes both of these fine physicians to their respective seats and hopes these gentlemen find their tenure to be productive and rewarding.

2017 Licensure Renewal *(continued from page 5)*

Continuing medical education requirements must be met, including the mandated 3 hours of training for Best Practice Prescribing of Controlled Substances and Drug Diversion for those PAs who have prescribed controlled substances in the past two years, and must be completed during the renewal period of 4/1/15 through 3/31/17. For those physician assistants who prescribe Schedule III and IV controlled substances, please take note of additional

requirements regarding the West Virginia Controlled Substance Monitoring Program (*see related article, Page 11*) that will impact the renewal of your license. Practice agreements that are currently authorized and in place will remain in effect if licensure renewal is completed. Answers to **FAQs** are available under "Renewal" on the board's website. Please utilize this information to reduce unnecessary phone calls to the board office.

Legislative Rules Modified

The West Virginia Board of Medicine has recently promulgated proposed amendments to three existing legislative rules. Some of the amendments are proposed in compliance with legislation enacted earlier this year. Other amendments seek to modernize the language of existing legislative rules regarding physician and podiatric physician licensure, and office-based dispensing of drugs by licensees of the board.

Having completed the Legislative Rule-Making Review Committee review process, the board's proposed modifications to 11 CSR 1A, 11 CSR 1B and 11 CSR 5 are currently pending legislative review and action during the 2017 regular legislative session.

Criminal History Record Checks

During its 2016 regular session, the Legislature passed House Bill 4340 (codified at W. Va. Code §30-1D-1 et seq.), which requires certain health occupational licensing boards, including the West Virginia Board of Medicine, to implement criminal history record checks as part of the application process. All applicants for licensure by the West Virginia Board of Medicine will be required to complete a fingerprint-based criminal history record check as part of the application process, beginning on July 1, 2017. Amendments were made to 11 CSR 1A and 11 CSR 1B to implement the process of criminal history record checks for future applicants.

Modernization of 11 CSR 1A

Series 1A establishes the rules of the West Virginia Board of Medicine regarding the licensing and disciplinary procedures for allopathic physicians and podiatrists. In promulgating an amendment to Series 1A related to the new criminal history record check requirements, the board recognized that the language of this rule regarding the requirements for licensure had not been updated or modernized in some time. The board

undertook a revision of the sections of the rule which relate to the application and licensure process for physicians and podiatrists to modernize the language and to reorganize and consolidate portions of the rule for clarity and ease of reference by applicants. The board also reviewed the rule for outdated language in other sections, and for redundancy. Redundant provisions were eliminated and/or consolidated. The qualifications for physician and podiatric physician licensure have not been changed.

The proposed amendments to this rule are intended to: (1) modernize and clarify language regarding the licensing process for physicians and podiatrists without making any substantive changes to existing licensure requirements; (2) incorporate the new mandatory criminal history background checks requirements; (3) clarify the confidentiality of the board's complaint and investigation process as well as the board's ability to cooperate with other state and federal agencies with concurrent or overlapping areas of jurisdiction; (4) modify the disciplinary misconduct standards to permit the prescribing of amphetamine or sympathomimetic amine drugs for the treatment of binge-eating disorder (which is consistent with current FDA approval and guidance); (5) modernize the nomenclature utilized in Section 13 related to the reporting of medical professional liability claims; (6) eliminate redundant and outdated reporting provisions; (7) eliminate redundant appeal language; and, (8) incorporate a sunset provision as required by W. Va. Code §29A-3-19(b).

Clarification and Modernization of Rules Related to Office-Based Drug Dispensing by Board Licensees

Legislative Rule 11 CSR 5 establishes the rules of the West Virginia Board of Medicine related to the office-based dispensing of prescription drugs by licensees of the board. Prior to the

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Rules Update

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recently promulgated amendments, the rule has not been reviewed or amended since 1989.

The board undertook a complete review of the rule and identified a significant need for clarification and modernization of the registration requirements for licensees who seek to engage in the office-based dispensing and administering of prescription drugs, as well as the standards for engaging in a dispensing practice. On July 12, 2016, the West Virginia Board of Medicine filed a Notice of Comment Period on a Proposed Rule, 11 CSR 5.

The board received several comments regarding the proposed changes. After reviewing and carefully considering each of the comments, the board promulgated an agency-approved version of the rule with additional amendments based upon comments received.

The currently enacted version of 11 CSR 5 requires all dispensing practitioners to register with the board, regardless of whether or not the practitioner dispenses a controlled substance or a non-controlled substance unless he or she: (1) only administers, and does not dispense, non-controlled substances; (2) only dispenses free professional samples; or, (3) only dispenses prescription drugs as part of services provided by a free clinic or a state-authorized Medicaid, family planning, maternal and child health, or early and periodic screening, diagnosis and treatment program. All other office-based dispensing and administering activity currently requires a dispensing registration. The board has found that these carve-outs have caused some confusion over the years. In modernizing this rule, the board sought to simplify the determination of who must be registered with the board as a dispensing practitioner.

A significant change to the proposed rule is a simplification of the criteria for registration. Under the proposed rule, any practitioner who administers or dispenses controlled substances in an office-based practice setting, including free sam-

ples of controlled substances, must register with the board as a controlled substance dispensing practitioner. Practitioners who exclusively administer or dispense non-controlled substances would not be required to register; however, they do have to comport their practice to the guidelines established in the rule.

This change was made to decrease the regulatory burden on practitioners whose dispensing practice is limited to non-controlled substances, while maintaining regulatory safeguards associated with the administering and dispensing of controlled substances. The proposed rule also synchronizes drug dispensing registration with license renewal in an effort to make the process simpler for practitioners.

The agency-approved rule also: (1) modernizes the language of the rule, including the labeling and packaging requirements for drugs dispensed by a licensee of the board; (2) establishes security protocols for practitioners who administer or dispense prescription drugs, including enhanced security requirements for those who dispense controlled substances; (3) modernizes the general practice requirements which apply to all licensees who are drug dispensing practitioners; and, (4) clarifies when and for what purposes a practitioner may accept unused prescription drugs from a patient for disposal.

The board received robust commentary on many of its proposed rule changes this year. The board incorporated several changes into the proposed rules as a direct result of the thoughtful comments received. It has always been the position of the board that active engagement by licensees through the notice and comment process results in a better end product. The board is grateful to everyone who commented on the proposed rule changes. If passed by the Legislature, the changes to 11 CSR 1A, 11 CSR 1B, and 11 CSR 5 will become effective early next summer. As always, the current versions of all board rules are available on the board's website at www.wvbom.wv.gov.

Statewide Recognition for Drs. Faheem and Gupta

Dr. Ahmed Faheem, president of the West Virginia Board of Medicine, recently was recognized for his outstanding service to the Mountain State's physician community with the 2016 Robert L. Ghiz M.D., award.

Each year, West Virginia Mutual Insurance Company (WVMIC) recognizes a state physician who has served the medical community in an outstanding way, according to WVMIC CEO and President Austin Wallace, M.D. Faheem received



Dr. Faheem

the award Aug. 26 during the West Virginia State Medical Association's annual meeting

at The Greenbrier for his leadership role in the creation of the WVMIC in 2002. "It's very gratifying and it came as a big surprise," he said.

Faheem was president of the WVSMA in 2001 when emergency rooms across the state began closing as doctors protested medical malpractice laws in West Virginia. Faheem coordinated with former Gov. Bob Wise and key legislators to form WVMIC, paving the way

for doctors to purchase insurance through the state and continue practicing in West Virginia. WVMIC has since repaid a state loan and kept premiums low.

Faheem said resolution of the crisis was a team effort. "That I was somehow instrumental in helping overcome the major malpractice crisis of the state is really humbling and overwhelming," he added.

Faheem was chosen by a panel that includes past award winners, WVMIC staff and Ghiz, the director of the WVMIC and the physician for whom the award was named.

Meanwhile, Dr. Rahul Gupta, secretary of the board, was inau-

gurated as the 2016-17 president of the WVSMA at the August annual meet-



Dr. Gupta

ing. Gupta also serves as the West Virginia state health officer and commissioner of

the Bureau for Public Health in the Department of Health and Human Resources. He also is an adjunct professor in the WVU School of Public Health and the University of Charleston's School of Pharmacy.

WVAPA Conference Slated

The West Virginia Association of Physician Assistants (WVAPA) will host its Spring CME Conference Feb. 24-26 at The Greenbrier. Pre-registration is recommended, though on-site registration will be available beginning at 8 a.m. Feb. 24 in the resort's Taft Room.

All PAs, PA students and physicians are welcome to attend. Cost for WVAPA members is \$345, students \$55 and other non-members \$395. The Greenbrier is offering a discounted rate of \$129 per night for conference participants.

To register, send payment via PayPal to: wvapa.treasurer@gmail.com. Be sure to include the registrant's name and telephone number.

To pay by mail, send check with name and phone number to:

WVAPA Treasurer
Nicole Ellis, P.O. Box 1084
Chapmanville, WV 25508

For more information, contact WVAPA President Rafael Rodighiero at: rodighiero87@hotmail.com.

PICF Assessment Fee Collection for Physicians Now In Place

As reported in our June issue, Senate Bill 602 created an assessment fee to be paid by physicians, hospitals and trial lawyers who settle malpractice claims. According to the new law, physicians must be assessed \$125 for licenses issued or renewed for each of the next two renewal cycles (years 2017 thru 2020). The fee was necessary to address the unfunded liability of the Patient Injury Compensation Fund.

The law charged the Board of Medicine with the collection of the assessment fee on physicians; however, the proceeds will be deposited directly with the West Virginia Board of Risk and Insurance Management. A physician must pay this fee in order to renew their license.

In response to this mandate, the Board of Medicine has established a portal on the home page of our website (www.wv-bom.wv.gov) which permits this fee to be paid. The portal has been successfully used by physicians who were issued new licenses since July 1 of this year. Beginning Jan. 3, the portal will be open to those physicians whose last names begin with the letter M thru Z and who are due to renew their license prior to June 30. The assessment fee must be paid prior to accessing the renewal application. Those

applicants who have paid the assessment fee prior to renewal will be permitted to access the renewal application. There is no service charge related to the payment of this fee.

The new law does allow for limited exemptions from assessments, 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 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.

If you have any questions about the assessment, please review the renewal [FAQs](#) on our website prior to contacting the Board of Medicine at (304) 558-2921.

Board Actions June - November 2016

Jacqueline Renae

Shipman-Cespedes, P.A.-C.

6/3/2016 – Other License Action
[Consent Order](#)

Gorli Harish, M.D.

6/14/2016 – Administrative Fine / Monetary Penalty
[Consent Order](#)

Dallas Aaron Smith Jr., M.D.

6/17/2016 – Reprimand or Censure
[Consent Order](#)

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

7/11/2016 – Suspension Lifted
[Board Order](#)

Vernon Ray Stanley, M.D.

07/11/2016 – Reprimand or Censure
[Consent Order](#)

Paramjit Singh, M.D.

09/12/2016 – Denial of License
[Final Order](#)

Kimberly Elaine Connor, P.A.-C.

09/27/2016 – Other License Action
[Consent Order](#)

Joseph Anthony Jurand, M.D.

09/30/2016 – Dissolving the Stay of Suspension
[Board Order](#)

John Dylan Davis, M.D.

10/07/2016 – Reprimand or Censure
[Consent Order](#)

Eugenio Aldea Menez, M.D.

10/24/2016 – Voluntary Surrender of License
[Consent Order](#)

New CSMP Requirements and Penalties Now in Effect

The enactment of Senate Bill 454 earlier this year modified the requirements for practitioner access to the West Virginia Controlled Substance Monitoring Program (WVCSMP) database and created new penalties for non-compliance. The provisions call for all licensees who prescribe or dispense Schedule II, III or IV controlled substances to individually register with the WVCSMP.

Licensees cannot satisfy this 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.

As of July 1 of this year, all new licensees of the WVBOM who prescribe or dispense Schedule II, III or IV controlled substances have been required to obtain individual access to the WVCSMP database within 30 days of licensure. Additionally, beginning with 2017 licensure renewals, licensees who prescribe or dispense Schedule II, III or IV controlled substances may not renew his or her West Virginia license to practice without proof that he or she has obtained and maintained access to the WVCSMP.

To satisfy this requirement, the West Virginia Board of Pharmacy has created a certificate of registration which is available to all registrants and is to be uploaded with the WVBOM renewal application as part of the renewal process. The Board of Medicine will only accept this certificate as proof of registration.

The new law further defines specific penalties related to WVCSMP noncompliance, including a \$1,000 fine and the possibility of additional disciplinary action by the WVBOM for failure to register and maintain individual access to the WVCSMP database.

A licensee who is required to access the information contained in the WVCSMP as set forth §60A-9-5a of the Controlled Substance Act and WVBOM Legislative Rule 11CSR10, (upon initially

prescribing or dispensing any pain-relieving controlled substance and at least annually thereafter for information regarding specific patients as part of a course of treatment for chronic, nonmalignant pain but not suffering from a terminal illness) shall be subject to an administrative penalty of \$100 per violation and possible further disciplinary action by the WVBOM. For example, if a licensee initially prescribed a pain-relieving controlled substance for the treatment of chronic nonmalignant pain and did not access the WVCSMP beforehand, for 30 patients the licensee would be subject to no less than an administrative fine of \$3,000 (30 x \$100).

The law additionally specifies criminal penalties and fines regarding noncompliance in submitting information required by the Board of Pharmacy, misuse of information gained from the WVCSMP, and unauthorized access and unauthorized disclosure of such information.

The WVCSMP is maintained and operated by the West Virginia Board of Pharmacy. Information on how to register and/or gain a certificate of registration may be found at www.wvbop.com.

E-Mail Addresses

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

To provide a current e-mail address, send an e-mail containing your name and license number to:

bomnewsletter@wv.gov

Interstate Medical Licensure

Compact Update - Expands to 18 States

Since the last newsletter, the Interstate Medical Licensure Compact Commission has ramped up its efforts to make an expedited interstate licensure process available in a timely fashion. In addition, Pennsylvania became the 18th state to join the IMLC, as Gov. Tom Wolf signed enabling legislation into law in late October.

The full IMLC Commission met in person in Salt Lake City, UT in June and again in Kansas City, KS in October. Commission teleconference meetings also were held in August, November and December. In the interim, all committees have been meeting monthly, on average, with the Executive, Technology and Rules Committees as often as every two weeks.

Of note is the change of leadership stemming from elections at the October meeting. Jon Thomas, M.D., from the Minnesota Board of Medicine has been elected president of the commission for the upcoming year, following the tremendous leadership of Ian Marquand from Montana. Mark Bowden from Iowa has been selected as vice president. Brian Zachariah from Illinois and Diana Shepard of West Virginia have been re-elected as treasurer and secretary, respectively.

In June, the commission set a goal to have available an expedited licensure process as early as January 2017. The commission is proud to announce that a three-year federal HRSA grant of \$250,000 has been awarded to aid in the development of the expedited interstate licensure process. In July, the commission hired a program

manager to build the licensing process elements as developed by the Technology Committee and approved by the commission.

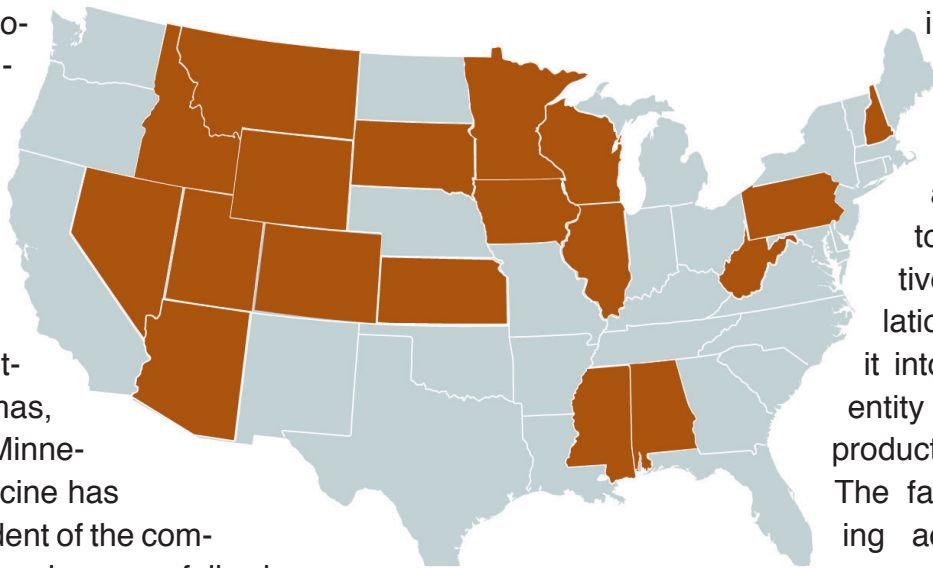
Concurrently, the Rules Committee has developed the regulatory rules, with input from public comment meetings, by which the expedited licensure process would operate. This work is being accomplished with the support of the Council for State Governments and the Federation of State Medical Boards.

All commission meetings are public and the commission has gathered a great deal of interest and support from a broad variety of corporations,

institutions, associations and government entities. The amount of work to take a collective piece of legislation and develop it into an operational entity with a tangible product is monumental. The fact that it is being accomplished by representation from

separate and distinct state governments makes it even more so. However, in just over 14 months, the commission will be in a position to offer an expedited interstate licensure process to interested physicians. Queries from physicians eager to make application have already begun.

As you can envision, the process will be entirely online using state-of-the-art components such as Docu-Sign to further expedite the process. Fees for expedited licensure are to be kept at an absolute minimum in order for the expedited licensure process to remain a viable and attractive option to physicians.



New Licensees - June through November 2016

The West Virginia Board of Medicine issued 367 physician licenses, 48 physician assistant licenses and 4 podiatrist licenses from June through November 2016. Congratulations to:

Physician Licenses

A-B

Abraham, Anitha Thomas
Acosta, Indrani Enid
Agor, Longinus Olewuike
Ahmed, Masih Uddin
Ahn, Janice Seulgy
Al-Astal, Amro
Al-Faham, Zaid K M
AlAwad, Feras Abdullah
Ali, Abbas Syed
Ali, Suleiman
Alkhaimey, Haytham
Alkhouli, Mohamad Adnan
Alqahtani, Fahad S.
Alvi, Mansour Isalou
Alwan, Dareen
Amissah, Immanuel Dickson
Arguelles, Eric
Arthurs, Erica Lynn
Aziz, Kany Salah
Bailey, Ariel Lynn
Barba, Jose Paras
Barghouthi, Nadia Thair
Barman, Rajdip
Barth, Rebeka
Beckum, Kathleen Martin
Behairy, Ahmed Soliman
Beltagy, Abdelrahman Fouad
Bender, Jennifer Ann
Bender-Heine, Adam
Bergen, Deborah Ruth
Bernal, Oscar Guillermo
Bharara, Niteesh
Bhatnagar, Rishi
Bhatty, Shaun Muhammad Zaki
Bhushan, Bharath Panchalamarri
Bissler, John Joseph
Bonda, Sri Lakshmi Kala
Brewer, Robert Horton
Bromer, Jason Gabriel
Brown, Brian John
Brozanski, Beverly Sobchak
Brunker, Patricia Ann Ramaley
Bunnell, Susan Lynn

Burrus, Tamika Marquitta
Bushen, Oluma Yoseph
Bussain, Anne Hearn

C-D

Cantillo, Joaquin J.
Cash, Sarah Brooke
Cassano, Charvi Ashok
Celestine, Charlsie Khalisha
Cervantes, Jose Luis
Chan, Jonathan James Wanglun
Chandrasekhar, Kaarthik Srinivasan
Chang, Enoch H.
Chang, Johanna Moscardon
Cheng, Elaine
Choe, Jessica Shin
Chopra, Anish
Christopher, Andrew
Chung, Jeffson Cahi-Hsien
Chung, Lily ShinShil
Clark, Jr., Larry Edward
Clough, Thomas Edward Jr.
Collins, Kristina Michelle
Conway, Collin James
Cox, Kelly LaVar
Craig, Kristen Marie
Crockett, Tierra Nicole
Cross, Sara Anne
Culp, Jane Ann
Cumberland, Jeremy David
Danielson, Laura Marie
Darville, Candice Cheryl
Davidson, Duncan Ben
Davis, Devon Lynn
De Elia, Carolina Belen
Deng, Min
Deol, Kamal Kaur
Desai, Khirenkumar I.
Dexter, Stephen Eugene
DeZastro, Timothy Gerard
Di Poce, James Edward
Dihowm, Fatma Mehemed
DiLeo, Steven Joseph
Dix, Ebony Monifa
Dodds Hogan, Danika Adria
Dragan, Shane Richard
Duke, Duane Stopp
Duru, Uzoma Bruno

E-G

Earls, James Patrick
Edson, Steven Bryan
Edwards, Rachel Elizabeth
Ellison, Sarah Elizabeth
Ewing, Christopher Anthony
Ezeala, Yvonne Nneka
Fairchild, Su

Farooqi, Imran
Feinberg, Judith
Field, James Conrad
Fisher, Taylor Lane
Fojas, Augusto Paras
Foreman, Theresa Marguerite
Fox, Danita Renelsa
Frazier, Sarah Jane
Friedmann, Craig Henry
Frieling, Gretchen Williams
Gan, Fang-Yun
Gangireddy, Venu Gopala Reddy
Garlapati, Srikanth
Geigel, Carlos Oscar
Ghim, Michael Youngshik
Glance, Ryan Robert
Goh, King soon
Gokhale, Sumita
Goldman, Natalia Rodriguez
Goldszmidt, Adrian Javier
Gratton, James Arthur
Griffin, John David
Grove, Christopher Allen
Grow, Joel LeRoy
Gutierrez, Jennifer Sur

H-J

Hafez, Maria
Haile, Robel
Hajiran, Ali John
Hammer, Maxim Daniel
Han, Steve Woo Chul
Hand, Suzanne M.
Harper, Matthew B.
Harrington-Foster, Nathan Timothy John
Hassan, Muhammad
Hatfield, Mandy Nichole
Heiraty, Payam
Henkel, David Michael
Henry, Charles Stephen
Henry, Jessica Athalia
Hensley, Brian Michael
Herbig, Peter Karl
Hibbard, Kevin Michael
Higgins, Luke James
Hill, Christopher Michael
Hodapp, Matthew Charles
Hodroge, SammySamir
Holly, Dale Crawford
Horner, Cynthia Pfeiffer
Hsu, Jack Ming
Hsueh, William
Hughes, Lisa Beth
Humerick, Madison
Hurley, Jr., Alfred Chamberlain
Hussain, Yessar Mufeed

Indukuri, Chaitanya
Iqbal, Anwar
Isakov, Daniela Giulia
Isla, Edward Charles
Israel, Joshua A.
Jackson, Ollie Joseph III
Jacques, Lina
Jadhav, Ashutosh Prahakar
Jagait, Harvinder Singh
Jaiswal, Shikha
Johnson, Jessica Elizabeth
Jolis, Timothy Winston
Jones, Kendall Maurice
Jovin, Tudor Gheorghe
Juersivich, Adam Paul
Juskowich, Joy Jeannine

K-L

Kaiser, Loren Renee
Kaler, Lawrence William
Kallas, Sarah Jo Burton
Kanjwal, Mohammad Khalil
Katner, Theodore Lawrence
Katsevmann, Gennadiy Aleksandrovich
Kelly, David C.
Kendler, Seth Harold
Kenmuir, Cynthia Lynn
Kersteter, Matthew Michael
Ketema, Tsion Alisa
Khachemoune, Amor
Khalsa, Maninder
Kibirova, Albina
Kidd, Kacie Marie
King, Joseph Mark
King, Miranda Lynn
Kingsbury, II, James Michael
Klug, Rebecca Lynn
Kolodney, Joanna Amy
Kolodney, Michael Spencer
Krafft, Matthew Richard
Kravtsov, Vladimir Dmitrievich
Kritz, Tracy Anne
Kwakye, Kwabena Adomako
Laccheo, Ikuko
Langlieb, Alan Mark
Lanoix, Richard
Lartevi, Kumapley Kofi
Lee, John Ming-Yi
Lenaghan, Patrick Neal
Lenz, Jackson Scott
Leung, Alexander
Lewis, Paul Wesley
Lilly, Brandon Keith
Limbu, Susang Nina

(continued on page 14)

New Licensees*(continued from page 13)*

LoDico, Mark Roncalli
Lona, Adrienne
LoPinto, Melissa
Lot, Lucy Joyce
Lucas Day, Kimberly Ann
Lyle, Cara Ann
Lynch, Joseph Dominic

M-N

Macian, Diana Maria
Malhotra, Vikram
Mancusi-Ungaro, Peter Curt
Mannan, Sunjay Kumar
Mantine, Laura M.
Marino, Jr., Philip Anthony
Marocha, Vikram
Mathews, Molly Robinson
Mauriello, Paul Michael
Mayne, Jennifer Chenault
McCluskey, Kevin Michael
McCullum, Mark Oldham
McCubbin, Mark Daniel
McKay, Kristopher M.
Mehlman, Karyl Norcross
Menard, Mary Kathryn
Metzler, Michael David
Miller, Gary Stuart
Miller, Robin Kate
Misra, Sutanu
Mittal, Vikrant
Modi, Hrishabh Chinu
Mohammed, Benhur
Bushara
Moiduddin, Nasser
Molyneaux, Bradley John
Morring, Don Michael
Morrison, Christopher
Andrew
Morton-Eggleston, Emma
Brown
Moszkowicz, Arie I.
Mott, Elizabeth Kelly
Mrad, Luay
Muhlbauer, Helen Gertrude
Murphy, Charles William
Nagib, Michael Issac
Naik, Savita Sunil
Nanda, Gaurav
Navia, Ramiro Osvaldo
Nawar, Nariman Atif
Nazzal, Munier M. S.
Nelson, Barbara Jean
Nelson, Lindsey Allan
Newberry, Michael
Nguyen, Khanh Lebao
Niceler, Brock James
Nicoleau, Christine
Niner, Jr., Joseph Anthony

O-R

Oami, Shimon
Oliveira, Celia Regina
Oliver, Philip Wayne
Olson, Jennifer Elizabeth
Passerby, Sally Alsaban
Patel, Nick Rohit
Peck, Christy Ann
Perry, John Wesley
Perry, Michael William
Peshek, Ramona Kay
Phillips-Lee, Misha Janelle
Pincavitch, Jami Diamond
Porter, Fernando Antoni
Powers, Tonya Kim
Price, Craig Charles
Pryor, II, Howard Irwin
Przyszlak, Andrzej Janusz
Qazi, Aisha N.
Ramlogan, Sandhya Rhea
Ramos, Lina Teresa
Raskin, Russell Wayne
Rasmussen, Sara Kirsten
Raybuck, Bryan D.
Rickard, Tara Michelle
Robbins, Mark Kenneth
Rocha, Marcelo de Avilez
Rodriguez Galvis, Claudia
Yasmin
Rommel, Bethany Marie
Rosenstein, Maury Michael
Rosenthal, Ian Matthew
Runkana, Ashok
Russell, Joshua Allen

S-T

Saconn, Paul Anthony
Samaan, Mark
Sanabria, Juan Ramone
Sanii, Kamrooz
Sarraj, Amrou
Scahill, Michael Dominic
Schaefer, Jamie Lea
Schosheim, John Paul
Schultes, Glenn James
Seeliger, Nicholas Edward
Shah, Saqib Mian
Shahbodaghi, Siavash
David
Shahrour, Yasser
Sharp, Steven Michael
Shaw, Fawwaz Ridwan
Shepet, Kevin Harris
Siddoway, Donald Ray
Silverberg, Benjamin
Andrew
Simon, Michael Bradley
Singh, Abhijai
Singh, Paramvir
Singh, Shailendra
Sinning, Kristin Melissa
Siripurapu, Prasad Rajendra
Slater, Brian Kristoffer

Sloyer, Daniel Aaron
Smith, Hunter Alexander
Smith, Steven Ray
Soder, Angela June
Song, Samuel Sungwon
Southcott, William Peter
Matthew
St. Royal, Leslie Alexander
Stamilio, David M.
Stanazai, Khalid Shafaq
Stanley, Jeffrey Peterson
Starr, Matthew Todd
Stecher, Robert Palmer
Stepanian, Marshall William
Stephens, Benjamin Hutton
Stewart, Virginia Annette
Stokes, III, William Alvo
Sundaraman, Michael
Anand
Sussman, Arlene
Sutton, Jr., Frank Morrison
Sweitzer, Donald Edward
Ta, Donald Nguyen
Tabi, Ayuk Eric
Tainsh, Cynthia Shearn
Taylor, Christopher Thomas
Thangudu, Pavan Kumar

Thongsri, Roshin
Trentham, Jr., Charles R.
Trites, Paul Nathan
Tulu, Hunde Sado
Turner, Ryan Coddington
Turnes, Patrick Allen

U-Z

Ulene, Valerie Gail
Vajapey, Gettanjali
Valley, Robert Nelson
Van, Phillip Lee
VanCuran, Keith William
Velasco, Rodrigo Ernesto
Vereb, Margaret Jeanne
Vitto, Anthony
Walch, Charles Andrew
Walz, Elizabeth Terese
Wechsler, Lawrence
Richard
Williams, Shanicka N.
Wilson, John Travis
Winslow, Carolaine Yancey
Wong, Alexander Wyman
Worley, Jr., Clarence
MacDonald
Wu, Tzu-Ching
Xie, Jianwu
Yadiki, Bhanu Prakash
Ysla, Francis Medina
Zaman, Hina
Zehner, Joseph Baker
Zhong, Wen
Ziolkowski, Timothy Jon

Physician Assistants**A-C**

Alden, Margaret Jane
Anderkin, Emily Elizabeth
Andrews, Natasha Rae
Aston, Ryan Benjamin
Belabin, Jeffrey Howard
Belt, Kelly Beth
Beltowski, Denise Lyn
Blatt, Marisa Lynn
Bosner, Lauren Marie
Bryson, Lance
Campbell, Andrea Nicole
Campbell, Jamie Strickland
Casto, Anthony Wayne
Cook, Kaitlyn Elizabeth

D-L

Dell'Orso, Thaddeus Haun
Amadayo
Devabhakhuni, Ravi
Chandra
Durkin, Allison Virginia
Flannagan, Karen Renea
Flury, Gregory Alan
Ford, Chad A.
Gindlesperger, Krisi Hay
Hafer, Rebecca Louise
Hanna, Peter Samir
Harrison, Richard Allen
Humphrey, Kirsten
King, Julie Mae
Kuzman, Michael Hilton
Liddle, Meredith Caroline
Lucas, Landyn Alizabeth

M - Z

Mackall, Chelsea Renee
Maynard, Matthew James
McKinney, Charles Darrell
Meighen, Benjamin John
Mellert, Ashley Ebersole
Mittal, Anne Patricia
Paugh, Amanda Marie
Pauley, Frances Nicole
Pivac, Derek Marcel
Porter, Polly Ann
Robinson, Kelly Ann
Rush, Kaleb Paul
Stein, John Hunter
Stunja, Mary Anne
Sutphin, Mara Wright
Torres, Joanne Marie
Watson, Hang Yu Shen
Williams, Martha Marie
Workman, Kelsey R.

Podiatrist Licenses

Evangelista, Allan
Gaspar, Philip Anthony
Khan, Asma Nasir
Petkovic, Barbara Lynn

AJC Study: How West Virginia Fared

The Atlanta Journal-Constitution recently published a state-by-state report on laws governing its medical boards, and West Virginia placed 21st among all states with an overall rating of 62 – tied with Alaska, Kentucky, New Mexico, North Carolina and Oregon.

The special report was part of the newspaper's series on "Doctors and Sex Abuse," and was based on its examination of laws that govern physician licensing and discipline, specifically as to how they protect patients from sexually abusive doctors. The state's overall rating covers both the West Virginia Board of Medicine and the West Virginia Board of Osteopathic Medicine.

The report, based on fact sheets distributed to the medical boards for review and response, rated each state on five categories – transparency, duty-to-report laws, board composition, criminal acts and discipline laws. The overall rating for the state is the average of the category scores.

West Virginia received a score of 62 for transparency, including a perfect score for posting all medical board orders. However, the newspaper found, while Board of Medicine orders detail the allegations that led to sanctions, Board of Osteopathic Medicine orders do not always contain the information. Also, the AJC found, doctor profile information from either board does not include hospital sanc-

tions, criminal charges or orders from other states. The report also indicated that the Board of Osteopathic Medicine may issue private letters of concern; the Board of Medicine does not.

The duty-to-report standard examined whether institutions or colleagues aware of potential misconduct are required to notify regulators. West Virginia received a score of 76 in this category.

The report found, "The CEO of every hospital must report doctors whose privileges have been revoked, restricted, reduced or terminated for any cause, including resignation. ... The reporting law doesn't apply to nursing homes or clinics, however medical peer review committees must report information related to the practice or performance of any physician if the board requests it."

The reporting must take place, "within 60 days after completing formal disciplinary procedure or commencing or concluding resulting legal action." Failure to comply could result in a fine of up to \$10,000. In addition, "physicians are required to report known or observed violations by fellow doctors" and "clerks of court are required to report within 30 days after a doctor is convicted of a felony or any crime involving alcohol or drugs in any way."

The AJC awarded West Virginia a score of 68 for medical board composition, noting that the Board of Medicine is com-

posed of three public members, eight physicians, the state health officer, two podiatrists and one physician assistant, while the Board of Osteopathic Medicine includes two public members, five physicians and one physician assistant. Each board included two women members at the time of the report.

For the Board of Medicine, public members and their families cannot be employed by health care providers, and no member can serve on any political party's executive committee. For the osteopathic board, public members cannot be associated with the practice of osteopathic medicine.

West Virginia received a score of 40 in the category of criminal acts, though the AJC noted that the state Legislature passed a law this year to require background checks with fingerprints as a condition of licensure. Further, "On its own initiative, the Medical Board has conducted non-fingerprint background checks," the report noted.

There is no legal requirement for boards to notify law enforcement if they learn of allegations of criminal conduct, the study found. However, "In 2016, a new law was approved creating the crime of prohibited sexual contact by a psychiatrist or other therapist to engage in sexual contact or sexual intercourse with a client or patient by means of

(continued on page 16)

Staff News

The West Virginia Board of Medicine has undergone several staff changes over the past few months.

In October, Ryan Moore joined the Licensure and Certifications Unit as the physician assistant licensure analyst. The position previously was staffed by Amy Young, who left the board earlier in the month. Moore formerly held the administrative



R. Moore

office assistant / receptionist position for a few short months, replacing Nickole Prowse who left during the summer.

In November, Deena Stone joined the Board of Medicine as administrative office assistant, filling our position at the front desk.

The board used this opportunity to slightly modify its office structure by moving oversight of the administrative office assistant to our executive administrative assistant, Jamie Frame. Concurrently, Kimberly Jett joined the Licensure and Certifications Unit, under the ongoing management of Sheree Thompson, where she remains responsible for the certification of medical corporations and professional limited liability companies.



D. Stone

The board would like to wish Prowse and Young the best in their future endeavors, and welcomes Moore and Stone to their respective new positions at the board.

AJC Study *(continued from page 15)*

therapeutic deception - meaning that the therapist represents that the sexual contact or intercourse is consistent with or part of the treatment. This is a felony offense which brings a sentence of up to 5 years. The law states that consent is not a defense."

The AJC study gave West Virginia a rating of 65 on its discipline laws. The report found, "The Board of Medicine cannot permanently revoke a license. But it can have permanent surrender of a license. It must revoke the license of a doctor who is convicted of any felony involving prescription drugs, but it may reinstate the doctor after his or her sentence is completed. The Board of Osteopathic Medicine doesn't have a time limit on revocation; an applicant can reapply any time. The Board of Osteopathic Medicine is not required to revoke the licenses of doctors convicted of felonies involving prescription drugs."

The study praised West Virginia for allowing medical regulators the legal right to hospital peer review records and proceedings. Both boards

can deny licensure to someone whose license is currently revoked or suspended in another state. However, the osteopathic board may grant licensure if the applicant, "proves the surrender issue has been resolved and he or she is eligible to reapply."

The standard of proof also differs between the boards, the report noted. The Board of Medicine, "requires clear and convincing evidence to proof a disciplinary case against a doctor. ... The state's osteopathic board requires only a preponderance of evidence, which is the standard in most states for disciplinary cases."

The highest rated state overall was Delaware (91) and the lowest rated was Mississippi (37). Other than Kentucky, surrounding state overall scores included Maryland (71 – 5th in the country), Ohio (66 – tied for 10th), Virginia (64 – tied for 15th) and Pennsylvania (53 – tied for 37th).

More information on the Atlanta Journal-Constitution's ratings can be [found here](#). Access the newspaper's complete series by clicking [here](#).

Gov. Tomblin Implements CDC Guidelines on Opioids

Gov. Earl Ray Tomblin in October announced that the state has developed a plan that adheres to U.S. Centers for Disease Control and Prevention guidelines for prescribing opioid medications for chronic pain.

The West Virginia Department of Health and Human Resources and the state Public Employees Insurance Agency, in conjunction with private insurers, pain specialists, pharmacists and other West Virginia medical providers, have developed new prior authorization requirements and an opioid treatment plan template as part of the state's ongoing efforts to curb opioid abuse, overdoses and deaths.

"With more than 600 opiate-related overdose deaths in West Virginia last year, we must continue making every positive change we can to break the cycle of addiction," Tomblin said. "These new guidelines will give physicians and patients the facts they need to make more informed decisions about treatment."

The CDC recommends that opioids should not

be considered a first-choice treatment, and that patients should be educated about and agree to all treatment decisions regarding chronic pain. It is also recommended that providers should consider potential opioid abuse, including diversion of opioid medication, when pursuing treatment, as well as take measures to prevent abuse.

"The state intends to implement these guidelines to reduce the opportunity for opioid overuse and abuse," DHHR Cabinet Secretary Karen Bowling said, "while preserving access to necessary drugs for those patients who truly need them."

DHHR's Bureau for Behavioral Health and Health Facilities, Bureau for Medical Services and Bureau for Public Health already have begun offering education to providers. Prior authorization forms will be formally adopted on Jan. 1 for Medicaid and PEIA prescribers. Populations that will be exempted from the prior authorization process include cancer care, palliative care and hospice patients. The CDC guidelines are posted on the board's website at www.wvbom.wv.gov.

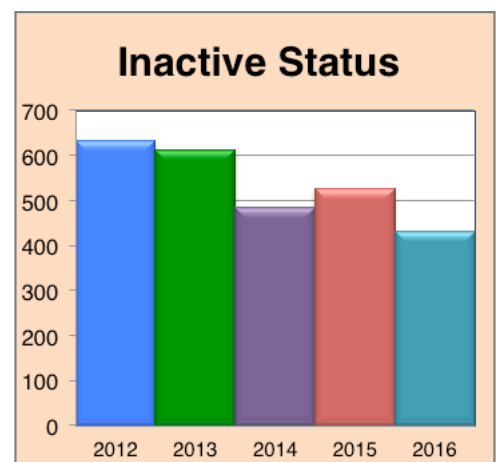
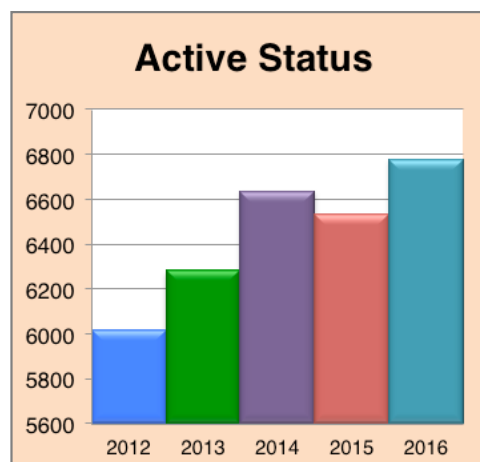
2016 M.D. Licensure Renewals

The licensure renewal period for medical doctors with a last name beginning with the letter "A" through the letter "L" ended at 4:30 p.m. on June 30, 2016. There were 3,893 physicians eligible to renew their license to practice medicine and surgery in the state of West Virginia. Of those, 3,161 physicians renewed their license in active status, 224 physicians renewed their license in inactive status and 508 physicians did not renew, resulting in the expiration of their West Virginia medical license.

The charts here display annual medical doctor licensure status, active and inactive, for the period of June 30, 2012 through June 30, 2016. As indicated, the number of physicians holding an active West

Virginia medical license has increased, while the number of physicians holding an inactive West Virginia medical license has decreased.

Additional licensure information will be published in the board's 2014-2016 Biennial Report to the Legislature, which will be available on the board's website beginning in January.



Addiction and Rx Drug Abuse Conference Draws Hundreds

Nearly 300 physicians, nurses, social workers and concerned members of the public from West Virginia and around the country gathered Oct. 20-22 for the annual Appalachian Addiction & Prescription Drug Abuse conference at Embassy Suites in Charleston to discuss addiction and treatment issues, and share best practices.

The WV State Medical Association and the CAMC Health Education and Research Institute provided this annual educational event. Sponsors included the West Virginia Board of Medicine and the WV Board of Osteopathic Medicine, the WV Osteopathic Medical Association, WV Department of Health and Human Resources, and the WV Medical Professionals Health Program (WVMPHP).

This year's focus -- "Pain & Addiction, Best Practices & Proper Prescribing" -- featured topics such as integration and collaboration in addressing the epidemic; an update from the American Medical Association; using science to address the stigma of addiction and the opioid crisis; safe prescribing for pain patients with substance abuse disorder and comorbidities; interventional pain treatment options; addiction and the hijacked brain; physician wellness and burnout; current WV overdose statistics, laws,

rules and regulations; the state Board of Pharmacy's Prescription Drug Monitoring Program; and cannabis conundrums and medical use.

Conference organizer Dr. P. Bradley Hall, director of the WVMPHP, said that although more than 120 people die each day in the U.S. from drug overdoses, "I believe West Virginia is going in the right direction."

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"We're ahead of the curve," in taking steps to address the problem. Still, Dr. Rahul Gupta, state health officer and commissioner of the Bureau for Public Health, observed that fentanyl-related heroin deaths have increased by 300 percent in just three years, and the problem may get exponentially worse with the introduction of carfentanyl into the illicit drug market.

Allen Mock, M.D., WV's chief medical examiner, said carfentanyl is 100 times more powerful than fentanyl and 10,000 times more powerful than morphine.

"It's a challenge that we've taken on as a state. I'm very proud of the work that we've done," DHHR Cabinet Secretary

Karen Bowling of the state Department of Health and Human Resources told the gathering. "But there is no one-size-fits-all solution. We have to go at this from a lot of different ways."

Michael O'Neil, PharmD, said clinicians need to keep in mind that pain is a symptom of an underlying condition, and not a diagnosis. "Pain is not the target. It's a surrogate marker," he noted. "The target is quality of life." O'Neil said one-third of all hospital admissions are medication-related.

AMA board chair Patrice Harris, M.D., a Bluefield native who leads a task force to reduce opioid abuse, said West Virginia continues to lead the nation with more than 600 overdose deaths from opioids and heroin in 2015. She praised the continued development of the PDMP and the Legislature's actions to increase access to naloxone and support Good Samaritan protections.

Steven Wright, M.D., outlined the challenges his state of Colorado has faced following legalization of marijuana. Research studies of medicinal users are few and primarily observational or anecdotal. Still, the state realized \$85 million in revenues in 2015 from marijuana sales. "We've gotten a taste of this that's not going to go away," he said.