



Letter from the President

As we close out 2017 and look forward to 2018, I pause to reflect on all that the West Virginia Board of Medicine has accomplished. It has been a challenging year and I am pleased to report that we have been quite successful in addressing those challenges. Our year began by bringing on new executive leadership, and with the commitment of the board and staff, we have continued to work diligently and effectively.

On the federal level and as a result of the Comprehensive Addiction and Recovery Act of 2016, the Department of Health and Human Services is establishing the Pain Management

Best Practices Inter-Agency Task Force. I have been nominated to serve on the Task Force and look forward to representing our state, if chosen to serve. As a certified addiction psychiatrist serving in one of the nation's hardest hit areas, and having been involved in other statewide initiatives, I believe that I can represent a perspective that will be uniquely relevant to the Task Force. An announcement regarding successful nominations should be made after the first of the year.

Also, in September, the Board of Medicine formally adopted an updated Policy on the Chronic Use of Opioid Analge-

sics. This policy was adopted by the Federation of State Medical Boards in April 2017. As we continue to address the opioid epidemic in our state, I would encourage all our licensees to become familiar with this policy by visiting our website and reading the [document](#) in its entirety. With proper education and diligent adherence to best practice

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Mission

The West Virginia Board of Medicine is the state agency charged with protecting the health and safety of the public through licensure, regulation and oversight of medical doctors (MDs), podiatric physicians (DPMs), and collaborating physician assistants (PAs).

Vision

We will be a national leader in innovative oversight of health professionals.

See the Strategic Planning Session Story on page 2 which includes the Core Values.

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

in pain management, we can continue to reduce the number of deaths related to overdose while effectively treating our patients.

This year, we say goodbye to several board members who have completed their terms of service: Rusty Cain, D.P.M., Beth Hays and Cheryl Henderson. All three served with dedication and commitment, and we are grateful for the time and effort that they extended to the task. While we are sad to see them leave the board, we also are excited to welcome the new appointees, Timothy Donatelli, D.P.M., Rev. Janet Harman, Victoria Mullins, PA-C, and Rusty Wooton, Esq. Dr. Kishore Challa was reappointed to the board to serve another term and Dean Wright, PA-C, remains on the

board filling one of the two physician assistant seats. I am certain that with the current board composition, we will continue the important work of the board with efficacy and dedication.

I am excited to report that we embarked upon a successful strategic planning session in October. We had complete participation from the board and staff, and we were able to accomplish much in a short amount of time. As a result, the board now has formalized Mission and Vision Statement as well as identified Core Values from which to serve as a foundation for our day-to-day operations.

We identified our strengths and challenges as an agency, and are in the process of developing our strategic goals as

a result. It has always been my belief that with proper communication and planning, we can achieve great things in the field of medical regulation. It is paramount that we continue to hold ourselves to the highest standards in relation to public health and safety. West Virginia is fortunate to have such dedicated and skilled medical doctors, podiatric physicians and physician assistants. It is imperative that the board continues to establish and maintain the proper licensure and regulatory oversight for excellent health care delivery.

We will face new challenges in 2018, of this I am certain. However, I am confident that the West Virginia Board of Medicine is prepared to respond accordingly and with the integrity that we have all come to expect.

Strategic Planning Retreat a Success

The Mission and Vision reflected on the front page of this issue and the Core Values listed below are the product of a day-long strategic planning retreat of board members and staff conducted on Saturday, Oct. 7 in our boardroom.

All participants were engaged, enthusiastic and thoughtful in their work. The day was such a positive experience, in fact, that plans are being developed for a follow-up session in the future to focus on long-term strategic goals.

Core Values

Integrity - Our actions are congruent with our words. We question actions inconsistent with our values.

Public Protection (Compliance) - We follow the law and achieve complete compliance with the rules, policies and procedures that have been established to safeguard the public and to regulate the health care professionals we serve in a fair and just manner.

Accountability (Accuracy) - We believe we must ensure that information is exact and correct. Accurate work product, with strong attention to detail and efficiency of process, is important. We, individually and collectively, are responsible for our actions.

Trust (Reliability & Respect) - We strive to earn the confidence of others. We demonstrate consistently strong performance with respect and dignity.

Legislative Preview:

Legislators to Tackle Variety of Health Issues in Upcoming Session

The approaching second session of the 83rd West Virginia Legislature likely will include action on a variety of health care topics, from the state's ongoing war against Substance Use Disorder (SUD), to the reorganization of the state Department of Health and Human Resources, to disputes over pre-authorization policies between physicians and insurers. (see related story on the Medical Cannabis Act, page 17)

About 2.1 million Americans suffer from SUD related to prescription painkillers (opioids). West Virginia has six of the top 10 counties in the nation for SUD rates, and eight of the top 20. Because President Donald Trump's declaration of a public health emergency related to opioid addiction did not include additional resources, lawmakers may focus their efforts on improving access to existing prevention and treatment programs.

"West Virginia has the highest rate of drug overdose deaths in the country (41.5 per 100,000 residents in 2015, age-adjusted) which is more than double the national average. We are losing a generation of West Virginians to drug abuse, and in some cases, two generations," DHHR Cabinet Secretary Bill Crouch wrote in an Oct. 26 news re-

lease. "Any additional resources that could be directed toward this fight are critically important in our efforts to slow the progression of a problem that is devastating so many families and communities in West Virginia."

Draft legislation to terminate the Board of Examiners for Licensed Practical Nurses and move licensure and regulation of LPNs under a new West Virginia Board of Nursing (formerly the WV Board of Examiners of Registered Professional Nurses), effective July 1, 2018, is expected to be introduced during the 2018 regular session.

A similar bill originated in the House Committee on Government Organization during the 2017 session, but failed to pass. Instead, the concept became an interim study resolution (HCR 115) to examine, "the benefits of merging the boards to facilitate participation in national compacts, the cost-savings of combining the two boards, the overlap of the occupations licensed by the boards, and the overlap of representation on the boards by qualifications of board members."

The resolution also noted that, "The Legislature is committed to promoting efficiencies and economies of scale among the regulator offices regarding the regulations necessary for the

citizens to obtain the occupational licenses in this state."

Physician members of the Legislative Oversight Commission on Health and Human Resources Accountability (LO-CHHRA) voiced their ongoing frustrations with the insurance pre-authorization process for medical procedures, prescriptions and treatments during interim committee meetings in September. Committee co-chairs Delegate Joe Ellington and Sen. Tom Takubo are both physicians, as are Sen. Mike Maroney, Delegate Matthew Rohrbach and Sen. Ron Stollings. Much of the debate focused on the time and resources committed to pre-authorization, and inconsistency of the process among insurers.

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PA Bill, Rules Bring Important Changes

The West Virginia Legislature, in passing Senate Bill 1014 during its first special session last summer, modified the state's Physician Assistant Practice Act to accomplish several important changes. Gov. Jim Justice signed the bill June 19, which became effective on Sept. 7.

Major changes include: replacement of the concept of a "supervising" physician with a "collaborating" physician; enhanced prescriptive authority to achieve parity with other mid-level practitioners; expansion of signature authority; the addition of a second PA representative on the West Virginia Board of Medicine; and, parity in insurance payments.

An emergency rule to implement the changes went into effect Oct. 20. The final legislative rule (11 CSR 1B) to fully implement the law was approved by the Legislative Rule-Making Review Committee during December interim meetings. The rule next will be introduced as a bill during the Legislature's 2018 regular session.

New language throughout the PA Practice Act now reflects a "collaborative" relationship with a physician, rather than a "supervisory" relationship, when entering into practice agreements. "Collaboration" means a medical doctor or a podiatric physician oversees the activities of, and accepts responsibility for, the medical services ren-

dered by a PA. However, a constant physical presence is no longer required. The new standard mandates that physicians and PAs must be, "easily in contact by telecommunication."

A collaborating physician may only delegate those medical acts which are within his or her scope of practice and customary to his or her medical practice. Likewise, a PA may not perform any services for which his or her collaborating physician is not qualified or, in a hospital setting, credentialed to perform.

PAs who have submitted a Prescriptive Authority Amendment form after Oct. 20 may now prescribe up to a 30-day, non-refillable supply of Schedule III controlled substances. Previously, they were limited to prescribing only a 72-hour supply of Schedule III medications. PAs now may generally prescribe Schedule IV or V controlled substances, subject to limitations or restrictions imposed by the collaborating physician. Previously, these were limited to 90 dosage units or a 30-day supply, whichever was less.

PAs who have not yet filed a Prescriptive Authority Amendment form may do so without a fee by Dec. 29. It is available at www.wvbom.wv.gov. PAs who do not submit the form remain limited to a 72-hour supply.

After Dec. 29, prescribing authority may only be changed through the submission of a new

practice agreement for approval by the board.

Please note that medication assisted treatment (MAT) for substance use disorder is an advanced duty which requires the submission of a new practice agreement, supporting documentation, and the appropriate fee. The submission of a prescriptive authority amendment form does not authorize a PA to prescribe Suboxone or similar medications as part of an MAT program in an office, clinic or any other setting.

PAs may generally prescribe up to an annual supply of other prescription drugs, other than a controlled substance, for the treatment of a chronic condition other than chronic pain management. They are prohibited from prescribing Schedule I or Schedule II drugs under the Uniform Controlled Substances Act, or from prescribing Clozapine, antineoplastics, radio-pharmaceuticals or general anesthetics.

Also, PAs may not prescribe, administer, order or dispense medications outside of the approved practice agreement with a collaborating physician.

Moreover, under 11 CSR 5, if a physician assistant is going to dispense controlled substances, he or she needs to register with the Board of Medicine as a controlled substance dispensing practitioner. When permitted under their practice agreements, and by their place of practice,

Board Actions

June through November 2017

Munawar Siddiqi, M.D.

06/09/2017- Limitation or Restriction on License/Practice

[Consent Order](#)

Yasar Aksoy, M.D.

06/09/2017- Voluntary Surrender of License

[Consent Order](#)

Omar Khalid Hasan, M.D.

06/21/2017- Board Order (Discipline Stayed Pending Appeal)

[Board Order](#)

Joel David Shiffler, M.D.

06/23/2017- Denial of License

[Board Order](#)

William Douglas Given, M.D.

06/27/2017- Limitation or Restriction on License/Practice

[Consent Order](#)

James Edwin Prommersberger, D.P.M.

07/10/2017- Probation of License

[Consent Order](#)

Jamie Leann Hall-Jasper, D.P.M

07/10/2017- Probation of License

[Consent Order](#)

Marc Jonathan Spelar, M.D.

08/31/2017- Limitation or Restriction on License/Practice

[Consent Order](#)

Richard Santostefano, Sr., PA-C

10/04/2017- Limitation or Restriction on License/Practice

[Consent Order](#)

Paul Webber Burke, Jr., M.D.

10/05/2017-Probation of License

[Consent Order](#)

Anita Frances Petite, PA-C

10/24/2017-Public Reprimand

[Consent Order](#)

Anthony Todde Securo, M.D.

10/26/2017-Limitation or Restriction on License/Practice

[Consent Order](#)

Jessica Faye Dunkley, PA-C

11/13/2017-Termination of Consent Order

[Board Order](#)

Mitchell Simon Finkel, M.D.

11/13/2017-Public Reprimand

[Consent Order](#)

Application Related Actions

Jodi Michelle Cisco-Goff, M.D.

06/07/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Paul Christian Bown, M.D.

06/09/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Russell Biundo, M.D.

06/27/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

CME Audit Actions

Salvator Lanasa, M.D.

06/07/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Ali Akbar Khan, M.D.

06/07/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

James Allen Butterworth, M.D.

09/11/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Gary Wayne Burkholder, M.D.

09/11/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Raid S. Al-Asbahi, M.D.

09/11/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Russell Andrew Degroote, M.D.

09/11/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Frederick Brian Brautigan, M.D.

09/11/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Ryan Christopher Hall, M.D.

09/25/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Bethany Morris Honce, M.D.

09/25/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Lap-Yang Joseph Li, M.D.

09/25/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Johnny Dy, M.D.

09/25/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Antonio Maravillas Domaol, M.D.

09/25/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Robert A. Caveney, M.D.

09/25/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Cheryl Pixley Entress, M.D.

09/28/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

Kelby Lee Frame, M.D.

09/28/2017- Administrative Fine/Monetary Penalty

[Consent Order](#)

(continued on page 6)

Board Members, Staff Visit WVU

In late July, a delegation of board members and staff visited the rapidly expanding facilities of the West Virginia University School of Medicine and WVU Medicine in Morgantown. The group included board members and staff.

Judie Charlton, M.D., chief medical officer, outlined some of WVU Medicine's concerns heading into the 2018 legislative session.

Board members and staff pledged to work closely with WVU Medicine in areas that the

board finds acceptable, and to address these issues without compromising the board's mission to protect the public.

The delegation also met with Clay Marsh, M.D., vice

who is leading development of the WVU Pain Clinic; and Frank Briggs, the organization's chief quality officer, among others.

"This was a comprehensive tour, and well worth the effort," Spangler said. "Everyone we met with was extremely informative and gracious with their time."

The board and staff hope to schedule a similar visit with administrators of Marshall University's Joan C. Edwards School of Medicine in the future.



president and executive dean of WVU Health Sciences; Vinay Badhwar, M.D., who leads the WVU Heart and Vascular Institute; Stephen Hoffman, M.D.,

Legislative Preview

(continued from page 3)

Crouch also is expected to come back to the Legislature in 2018 with a comprehensive plan to sell off state-owned hospitals and nursing facilities. A one-at-a-time approach in 2017 failed to gain approval.

The Legislature seemingly has backed away from the Medical Malpractice Review Panel concept, but members remain interested in beefing up the current system of litigation screening certificates of merit. Proponents believe that system has reduced both the number of claims and average settlement costs, while stabilizing malpractice insurance rates. Still, several lawmakers remain concerned that claims too often target practitioners who never had direct involvement with the patient in question.

Board Actions, CME Audit Actions *(continued from page 5)*

Rochelle Goldberg, M.D.

09/28/2017- Administrative Fine/
Monetary Penalty

[Consent Order](#)

Douglas Grover Harrison, M.D.

09/28/2017- Administrative Fine/
Monetary Penalty

[Consent Order](#)

Ron Bonfiglio, M.D.

10/05/2017- Administrative Fine/
Monetary Penalty

[Consent Order](#)

Anup Kumar Das, M.D.

10/05/2017- Administrative Fine/
Monetary Penalty

[Consent Order](#)

Stephen Howard Flax, M.D.

10/05/2017-Administrative Fine/
Monetary Penalty

[Consent Order](#)

Miechia Ashawn Esco, M.D.

10/07/2017-Administrative Fine/
Monetary Penalty

[Consent Order](#)

Sophie Lanciers, M.D.

10/07/2017-Administrative Fine/
Monetary Penalty

[Consent Order](#)

Manish Bhawarlal Jhavar, M.D.

10/24/2017-Administrative Fine/
Monetary Penalty

[Consent Order](#)

Scott Walker Findley, M.D.

11/01/2017-Administrative Fine/
Monetary Penalty

[Consent Order](#)

Charles Paul Honsinger, III, M.D.

11/13/2017-Administrative Fine/
Monetary Penalty

[Consent Order](#)

New Licensees: June through November 2017

The West Virginia Board of Medicine issued 360 medical doctor licenses, 3 podiatric physician licenses and 77 physician assistant licenses for the period of June through November 2017. Congratulations to:

MEDICAL DOCTORS

A-B

Abdelfattah, Mohamad
Bashar
Abdelkarim, Ahmed Rabie
Abdelqader, Abdelhai
Abid, Ayesha
Abraham, Andrew Jacob
Abunnaja, Salim
Salaheddin
Ad, Niv
Adelman, Avram Eli
Adhikari, Shubash
Agarwal, Ankush
Aizad, Tazeem Ahmad
Al-Qawasmi, Halima
Alaqzam, Tasneem Saleh
Albert, Deborah Louise
Aljohani, Sami
Mohammed D
Allgaier, Jeffrey Todd
Almaraz, Gilbert
Alsoutary, Khalil
Mohammad
Anguh, Terence
Tsiambuom
Appel, Jeffrey Paul
Arehart, Eric James
Arekapudi, Smitha
Aromin, Jourdan Tyler
Atkinson, Joshua Aubrey
Baig, Aneeqah
Baker, Daniel Mark
Balla, Sudarshan
Barr, Karen Patricia
Begole, Mary Jeannette
Behrens, Jacob M.
Bendel, Laima
Pauliukonis
Benhacene, Assia
Bennion, Jr., David Austin
Berardinelli, Andrew John
Beville, III, Lee Walker
Blankenship, Will Owen
Bleggi, Albert Mark
Bostian, Phillip Andrew

Brady, IV, John Paul
Brehm, Anthony
Brooks, Douglas Paul
Brown, III, Merritt Weaver
Brown, Thomas William
Brown, Sherry Bernita
Browne, Alysia Dawn
Brownfield, Aaron
Matthew
Bryant, Keisha Kadesha
Bukamur, Hazim Said
Burner, Kyle Matthew

C-D

Caldwell, Scott Wilbert
Carl, Beverly Ann
Cartagena, Jr., Rafael
Cassara, Antonio
Catt, Karyn Emmanuel
Chacko, Binu Thomas
Chinbuah, Egya Nyameke
Clarkson, Mackenzie
James
Cohen, Jonathan
Collins-Gibbard, Roslinde
Mary
Conjeski, Jacob Matthew
Cook, Benjamin Charles
Cormack, Graham
Michael
Corman, Adam Ransford
Couvillon, Joseph
Anthony
Crepps, Jr., Joseph
Thomas
Cundiff, Courtney Anne
Dabir, Aman
Daigle, Jessica Simone
Butler
Davis, Sean Germaine
DeBerry, Jason Wayne
Diamond, Amy R.
Dilcher, Brian Zachary
Dillard, Shelia Diane
Din, Farid Ud
Dolganuic, Angela
Dothager, Matthew David
Doumit, Jimmy

Driscoll, Maggie Marie
Driver, Kevin Albert
Dunkle-Blatter, Stephanie
Erlynn
Dutt, Anil Kumar

E-G

Eckert, Thomas Francis
Egli, Kenneth James
Eizember, Frances Lim
Elkambergy, Hussam
Mohamed Aly Iskander
Estaphan, Nevine Albert
Naguib
Estrada Trejo, David
Ernesto
Evans, Aaron Michael
Faluade, II, Emmanuel
Farrah, II, Thomas
Grayson
Fish, Steven Michael
Fleming, Michael James
Fogle, William Albert
Fonebi, Gwendoline
Akwen
Fowler, Mariecken
Verspoor
Francke, Sr., David Dale
Johnson
Frank, Julia Bess
Friebling, Ted David
Gabino Miranda, Gustavo
Andres
Galvan Turner, Valerie
Bianca
Garcia, Chanel Amber
Garcia Lopez de Victoria,
Elizabeth
Garg, Shweta
Garg, Narendra K.
Gates, James Lawrence
Geatrakas, Christina
Sharon
Gebremedhin, Binyam
Geist, Derik Josef
Gibbs-McElvy, Shelana
Marie
Gomez, Joel Eleazar
Gounder, Celine Rani
Graumann, Martin
Panczel
Green, Thomas John
Gross, Michal
Grubb, Kristen Rae
Guerrero, Manuel Carlos
Gupta, Sumeet Kumar
Gwynne, Mackenzie Jo

H-J

Haile, Morgan Cheatham
Halsey, Kayla Donn
Hammad, Walid
Mohamed Fawzy
Mohamed
Harris, Robert Roy
Hayanga, Heather Kaiser
Hayanga, Jeremiah
William
He, Peimei
Hensley, Christina Ann
Hill, Garick David
Hintz, Brace Leland
Hoffman, Matthew
Timothy
Hollander, Susan Lindsay
Horner, Jr., Michael
Vernon
Hornsby, Kristan Michelle
Howell, Keith Andre
Hudkins, Matthew
Gregory
Hussain, Maryum
Hustead, Jeremy Daniel
Irfan, Affan Bin
Ivan, Mihaela
Jackson, Laura Elizabeth
Evans
Jacob, Sneha
Jacobs, Richard Randall
Jain, Priya Kumari
Jakob, John Andrew
Jaramillo, Victor
Johnson, Dustin Lee
Johnson, Charles Edward
Joshi, Dhruv
Jovanovich, Alexandar
Judhan, Rudy Jewan

K-L

Kamat, Sunil Gurudas
Karpurapu, Hemamalini
Kasirajan, Lakshmpriya
Katcheves, Alexander
Steve
Khan, Samira
Khan, Nadia N.
Khan, Muhammad-Usman
Kilgore, Brian Alan
Kocher, Robert Paul
Kothari, Viral Dilip
Kotsko, Jude David
Krainin, Joseph Gordon

(continued on page 8)

New Licensees *(continued from page 7)*

Kumar, Mukesh
 Kumar, Madhuresh
 Kupferberg, David
 Howard
 Labi, Marlon Amos
 Lai, Peter Ping-Kwong
 Lastrapes, Scott
 Christopher
 Lawrence, Karena Gildea
 Lee, Brent Robert
 Lenahan, Susan Ellen
 Leung, Richard W.
 Levine, Myron Arnold
 Levora, Jan
 Liubicich, Jeffrey Felice
 Lopez, Eric Mark Jaurigue
 Luizaga Coca, Ever
 Lull, Lisa Schiller

M-N

Mahgoub, Musadag
 Mamoun
 Malik, Asifa Mahboob
 Mannan, Abdul
 Marcovici, Iacob
 Marcuccio, Elisa
 Mardanlou, Sarah Ruth
 Marks, Allan Steven
 Marvin, Leigh Jennifer
 Mawari, Samih Kasim
 Mazza, Pamela Patricia
 McBeth, Ryan Kent
 McColleston, Sarah M.
 McLain, Kelly Lynn
 McLeod, Nathanael David
 McMillion, Brent Michael
 McQuade, Elizabeth Anne
 McRae, Gina Alexandra
 Mehta, Rashi
 Mehayar, Lubna Shafiq
 Naim
 Miah, Abdul Rahman
 Miller, Audrey Nicole
 Miro, Santiago
 Mitros, Mark Michael
 Mittal, Abhinav
 Moczygamba, Roger
 Michael
 Mohiuddin, Atif Zaher
 Monastiriotis, Spyridon
 Moore, Joyce Geneva
 Moore, Carisa Hines
 Moore, Fletcher Brady
 Moser, Benjamin Douglas
 Moufarrege, Ghassan
 Toufic
 Mourany, John E.

Muench, Michael Vaughn
 Munir, Muhammad Bilal
 Murphy, Dewey Scott
 Musa, Abdullahi
 Mohamad Mukhtar
 Muthalakuzhy, George
 Sunil
 Nahar, Niru Nazmun
 Nath, Sujai Deep
 Nayyar, Ankit
 Neely, Grant Alexander
 Neidhardt, Jessica Marie
 Newatia, Amit
 Nicolwala, Hormuz Adil
 Nkamany, Mary Ngaleu
 Northrup, George Michael

O-R

O'Brien, Daniel Columcille
 O'Donnell, Brigid Moran
 O'Neal, Cindy Marie
 Oates, Martin John
 Omatseye, Jr., Jim
 Oritsetimeyin
 Onuigbo, Sunny Nduka
 Ost, Michael Cecil
 Overton, III, Clayton
 Justus
 Pandit, Meenakshi
 Panikkath, Ragesh
 Papani, Ravikanth
 Parker, Jason Alexis
 Parrino, Michael Patrick
 Howard
 Parrish, Kylie Lenae
 Patel, Kinjan
 Pankajkumar
 Patel, Paulina Narendra
 Patterson, Eltanya
 Angelita
 Payne, Andrew Nathaniel
 Peralta, Brannon Phillip
 Dumag
 Phan, Nicolas
 Pickett, Jason Raine
 Piris, Adriano
 Plumby, Mark Christopher
 Pollak, Tal
 Poole, Edward Charles
 Poudel, Atul
 Pulido, Bernard Joseph
 Navarro
 Purewal, Rupeena
 Raman, Dileep
 Ramos, Peter
 Randazzo, William
 Thoburn

Rathore, Sulaiman Aziz
 Reddy, Srikar Thummala
 Reinsel, Tom E.
 Reynolds, Alexandra
 Holly
 Roberts, Jr., Harold Gene
 Rokosz, Jennifer Ann
 Rothman, Richard Brian
 Rouse, Eden Maria
 Rudy, George Barrett

S-T

Sadia, Umama
 Saenz, Monica Lisa
 Sahin, Azize
 Salas, Stephanie Ann
 Salman, Muhammad
 Samiappan, Ambiga
 Sanjeevi, Arunkumar
 Sankineni, Spoorthi Kiran
 Sargent, Donald Lee
 Sasidharan Nirmala,
 Nishanth
 Schessler, Matthew
 Joseph
 Schindzielorz, Adam
 Hubert
 Schleter, Brian James
 Schlossman, Todd
 William
 Schulman, Rebecca
 Lauren
 Schwartz, Andrew William
 Scott, IV, Frank Duncan
 Seaman, David Edward
 Shah, Kuldeep Bharat
 Shah-Khan, Sardar Musa
 Shamsi, Sohaib Z.
 Shanlikian, George Harry
 Sharif, Khalid Saud
 Sharma, Shree Gopal
 Sheikh, Zubeda Begum
 Shiflett, Brandon Scott
 Shmookler, Aaron Daniel
 Shoe, Katelyn Marie
 Shou, Jason
 Shubert, Daniel Jordan
 Silver, Martine Tamara
 Singasani, Reddy
 Sreenivas
 Sinha, Rahul Prasad
 Slusher, Laura Austin
 Spears, Gregory Lynn
 Sreeharikesan,
 Suppiramianam
 Statler, Jason Clark
 Sternberg, Madison Anne
 Stump, III, Alfred Bailey

Subrayappa, Navin
 Kumar
 Summers, Gregory
 Thomas
 Sunkara, Srinivas
 Sunzeri, Lindsay Leigh
 Surgenor, Stephen David
 Swackhammer, Randy
 Lee
 Tager, David Samuel
 Tammana, Venkata S. M.
 S. K.
 Tan, Mary Aldrene Lee
 Taub, Ariela Sarah
 Thirumalai, Shanti
 Sengamalam
 Thomas, David Elmer
 Tintner, Ron
 Tobin, Wayne Ernest
 Tovar Marmolejo, Yara
 Elizabeth
 Travis, Talitha Skory
 Turner, Meghan
 Thompson
 Turner, Jennifer Sarah
 Turnier, Anne-Marie
 Tylke, James Edward

U-Z

Ullah, Imdad
 Usmani, Arif Suhail
 Vakkalanka, Sujit
 Van Horn, Lee Aaron
 Verhoeven, Pieter
 Alexander
 Vethachalam, Sandhya
 Vincent, Patrick David
 Vo, Quynh Van Ngoc
 Vu, Hang Thanh
 Vucelik, Andrew William
 Waldeck, Kate Marie
 Walker, Gregory Brett
 Wantuck, James Matthew
 Ward, Richard James
 Wardell, Richard Mark
 Warren, Ward Randall
 Watchko, Jon Freeman
 Wee, Alvin
 Weir, Robert Edward
 Peter
 Wernli, Betsy Jane
 Westin, Charles William
 White, Kevin Daniel
 White, Jermaine Kyong
 Whitley, Danielle Holley
 Williams, Carlin Arel
 Willis, Anthony Joseph
 Wolz, Dean Eric

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New Licensees *(continued from page 8)*

Wood, Terry Dale
 Wright, Stephanie Anne
 Wu, Gary
 Wynn, Vander Mark
 Yalamanchili, Rama
 krishna
 Yeh, David Li-Ten
 Yi, Chong Kun
 Young, Ilene Susan
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 Yousufzai, Bilal Khan
 Yovichin, Mark Daniel
 Zank, Jennifer Shin
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 PHYSICIANS**

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 Inthavongxay, Jessica
 Vess, Vincent M.

**PHYSICIAN
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 Barill, Christian August
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 Costa, Lyndsey Catherine
 Cox, Tabitha Eve
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 Leinhauser, Claire
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M - P

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 Musser, Nathan Merl
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 O'Kernick, Ashlee Kristine
 Osbourn, Kaitlin Clark
 Perry, Chadwick Jay
 Prado, Kelley Kathleen
 Price, Stephanie Nicole

R - Z

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 Stanley, Natalie Hope
 Stewart, Brandon Joseph
 Strimel, Kayla Nicole
 Walker, Norman Lee
 Walls, Elisabeth May
 Yanoviak, Kyria Grace
 Young, Tyler John
 Zydonik, Josee Leigh

**Board Adopts
 Guidelines on Opioids**

The West Virginia Board of Medicine, during its September 2017 meeting, adopted the Federation of State Medical Boards' model policy "Guidelines for the Chronic Use of Opioid Analgesics in Patient Care." The guidelines can be found on the board's website.

The FSMB had appointed a workgroup to review the current science for treating chronic pain with opioid analgesics and to revise the organization's previous model policy as appropriate. The workgroup also analyzed other state and federal policies on the prescribing of opioids in the treatment of pain, including the March 2016 CDC "Guideline for Prescribing Opioids for Chronic Pain."

In updating its policy in April 2017, the FSMB sought input from a diverse group of medical and policy stakeholders that ranged from experts in pain medicine and addiction to government officials and other thought leaders. The group's goal was to ensure FSMB's policy document remains relevant and sufficiently comprehensive to serve as a prescribing guideline and resource for state medical and osteopathic boards and clinicians.

This policy also reflects recent advisories issued by the CDC and U.S. Food and Drug Administration. Physicians and regulators can use it in assessing physicians' management of pain in their patients and whether opioid analgesics are used in a medically appropriate manner.

Annual Report

In accordance with West Virginia Code §30-1-12(b), on or before the first day of January of each year in which the Legislature meets in regular session, the board shall submit an annual report to the Governor and to the Legislature. The report, which will be available for review on the board's website in January 2018, will contain fiscal information, licensee statistics, complaint information and meeting minutes.

Interstate Licensing Under Way

The Interstate Medical Licensure Compact Commission (IMLCC) recently released preliminary data about applications processed and licenses issued through Sept. 30.

“The information shows the value of providing an expedited multi-state licensing platform that strongly supports the work and oversight of the individual state medical and osteopathic boards,” Executive Director Marschall Smith wrote in a news release.

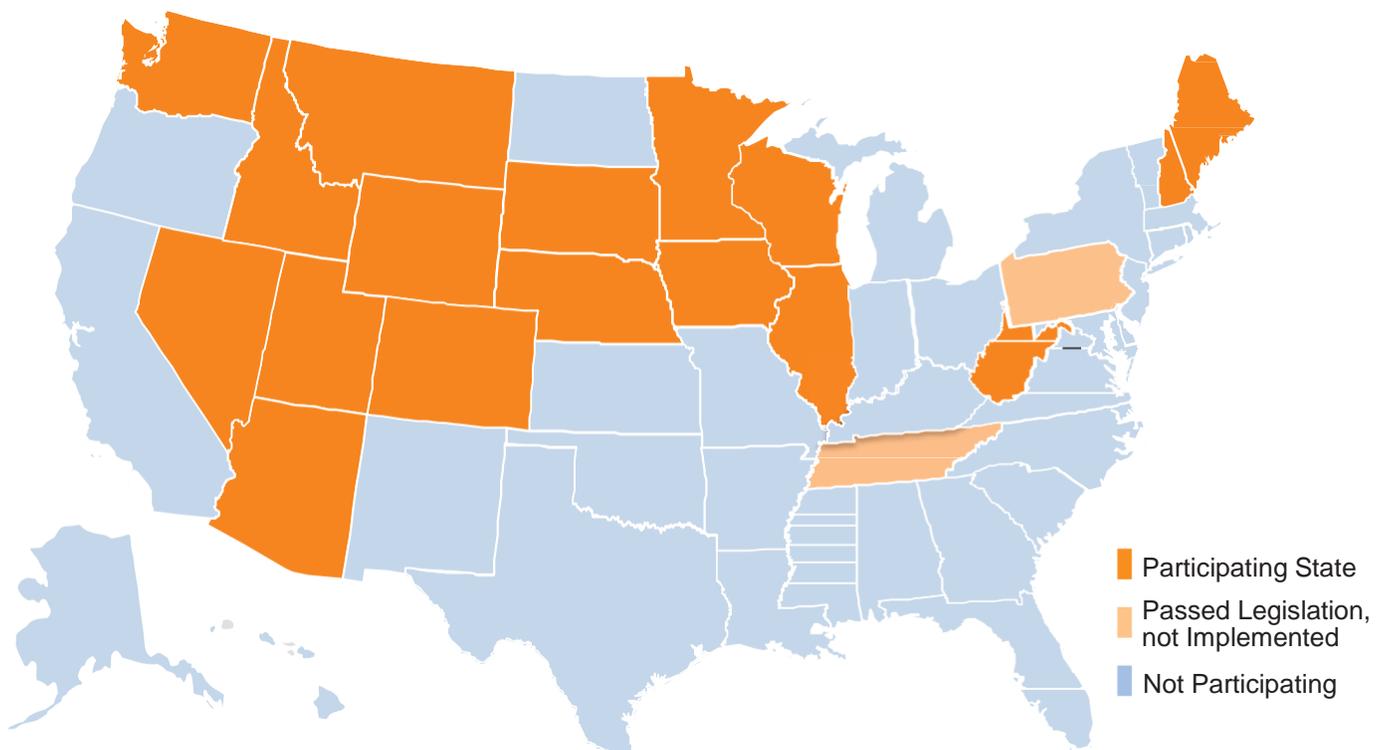
The first IMLC license was issued in April. Since then, participating states have processed 297 applications and issued 384 licenses to physicians. In West Virginia, the state Board of Medicine issued 17 IMLC licenses through Dec. 8, with two more in process. The BOM also has received more than a dozen applications for letters of qualification (LOQs) from West Virginia physicians who are seeking a multi-state license; of those, six have been issued, two were ineligible, four are pending completion and two did not complete the application process.

The Interstate Medical Licensure Compact is a binding statutory agreement among member

states, creating a streamlined process that allows physicians to become licensed in multiple states. Its mission is to increase access to health care for patients in underserved or rural areas, and allow them to more easily connect with medical experts using telemedicine technologies. The compact also strengthens public protection by enhancing the ability of states to share investigative and disciplinary information regarding compact licensees.

West Virginia was the fifth state to join the compact. Today, the IMLC includes 22 states and the 29 medical and osteopathic boards in those states. About 80 percent of physicians meet the criteria for licensure through the IMLC. Among surrounding states, only Pennsylvania has passed IMLC legislation, though implementation remains pending.

The IMLCC met on Nov. 17 in Phoenix. The agenda, among other business, included review and approval of a Fact Sheet about the compact, as well as a series of Frequently Asked Questions about the IMLC, how physicians can obtain multi-state licenses, and the responsibilities of compact member states.



Proposed Amendments to CME Rule

Last June, the West Virginia Board of Medicine promulgated proposed amendments to 11 CSR 6 regarding continuing education for physicians and podiatric physicians. The proposed amendments to this rule are intended to:

1. Modernize and clarify the language of the existing rule;
2. Identify when an applicant may utilize post-graduate training to satisfy continuing education requirements;
3. Update the requirements for drug diversion training and best practice prescribing training to incorporate a

- training component on prescribing and administration of an opioid antagonist;
4. Clarify that three hours of board-approved drug diversion training and best practice prescribing of controlled substances training must be completed each renewal cycle unless the renewal applicant has not prescribed, administered or dispensed controlled substances pursuant to a West Virginia license during the reporting period;
5. Clarify when written documentation of successful completion of CME must be

- submitted to the board by renewal, change of status, reinstatement and reactivation applicants; and,
6. Establish a written protocol for obtaining board approval of drug diversion training and best practice prescribing of controlled substances training.

In August, the Legislative Rule-Making Review Committee reviewed the proposed rule and authorized the agency to promulgate the rule as originally filed. If passed during the 2018 legislative session, the changes will become effective early next summer. These changes will

not affect the CME requirements for renewal in 2018.

Upcoming CME Audit

W. Va. Code R. 11-6-5.1. authorizes the Board of Medicine to “conduct audits and investigations as it considers necessary to determine if licensees are complying with continuing education requirements and if the statements made on the board’s renewal application forms as to continuing education are accurate.”

In just a few weeks, the board will conduct its annual CME audit. If you renewed your license in 2017, you attested that you successfully completed all continuing education requirements for the CME cycle of July 1, 2015 through June 30, 2017. If you are randomly selected for a CME compliance audit, you will need to submit written documentation which supports your renewal attestation.

The 2016 CME audit resulted in a 30 percent failure rate, most of which was due to noncompliance with the requirement that any licensee who prescribes, administers or dispenses any controlled substances must complete three hours of drug diversion training and best practice prescribing of controlled substances through a course which has been approved by the West Virginia Board of Medicine during every renewal cycle. A list of all board approved courses is available on the website at https://wvbom.wv.gov/Best_Practice_Prescribing.asp.

You also may access the West Virginia Medical Practice Act and Legislative Rule regarding CME requirements on the board website, under Laws, Rules & Policies.

Contact Information

All licensees must provide the board with timely notice of all changes of address, including email addresses. A valid email address is important for licensees to receive notifications from the board regarding news releases and licensure renewal. Click on the link below to access the Licensee Change of Contact Information section of the board’s website. Please be advised that your preferred contact information, although not published, may be subject to release pursuant to a public records request.

[Licensee Change of Contact Information](#)

2018 Licensure Renewal Notice

for Medical Doctors (last names A-L), Drug Dispensing Registrations and PLLCs

The renewal application for physicians (A-L), controlled substance dispensing registration for renewing physicians, and registration for professional limited liability companies (PLLCs) will be available on the board's website, www.wvbom.wv.gov, beginning on Wednesday, May 2, 2018. Renewal notices will be sent via electronic mail to the address that the board has on file; therefore, please promptly apprise the board of any changes regarding contact information.

In accordance with W. Va. [Code 29-12D-1a\(a\)](#), the West Virginia Board of Medicine is required by law to collect a biennial assessment of \$125 from physicians licensed by the board. All proceeds from the assessment will go directly to the West Virginia Board of Risk and Insurance Management to satisfy the outstanding liability of the Patient Injury Compensation Fund. Physicians are exempt from the assessment if they are:

- 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; or,
- A physician who practices less than 40 hours a year providing medical genetic services to patients in West Virginia.

Physicians whose license will expire on June 30, 2018, and who are not exempt, may pay the assessment on the Board of Medicine homepage beginning on Jan. 2, 2018.

When renewing your medical license, you will need to attest that you have completed all required continuing medical education. At least 30 hours must be related to your area or areas of specialty. Each year, the board conducts a CME audit. If you are randomly selected for a CME compliance audit, you will need to submit written documentation which supports your renewal attestation.

Additionally, if you have prescribed, administered or dispensed any controlled substances between July 1, 2016 and June 29, 2018, you must attest that you have complete three hours of drug diversion and best practices prescribing

of controlled substances training through a course which has been approved by the West Virginia Board of Medicine. You are required to complete this training biannually; therefore, the training for this renewal cycle must be completed between July 1, 2016 and the date that you renew your license, which can be no later than 4:30 p.m. EST on June 29, 2018. To view a list of board-approved courses which satisfy this requirement, please [click here](#).

Also, if you prescribe or dispense Schedule II, II or IV controlled substances, you will be required to provide proof that you have obtained and maintained access to the West Virginia Controlled Substances Monitoring Program (WVCSMP). To satisfy this requirement, the West Virginia Board of Pharmacy has created a Licensing Board Certificate which is available to all registrants. You will need to enter the date of original registration provided on this certificate as part of the Board of Medicine renewal application process. Information about how to register and/or gain a certificate of registration may be found at www.csappwv.com. Additional information regarding this requirement was published in the December 2016 edition of the Board of Medicine newsletter, which is available under

PA Rule *(continued from page 4)*

physician assistants may now complete admission and/or discharge orders, medical certifications for death certificates, orders for life-sustaining treatment, orders for scope of treatment, and “Do not resuscitate” forms and/or orders.

Other such forms include: disability medical evaluations and/or certifications in support of a hunting or fishing permit; utility company forms or certifications requiring maintenance of utilities regardless of ability to pay; governmental forms such as parking applications for mobility-impaired individuals; and forms for durable medical equipment.

The addition of a second PA on the Board of Medicine, creating proportional representation with the number of physician

assistants licensed in West Virginia, brings total board membership to 16. Gov. Justice has appointed Victoria Mullins, PA-C, of South Charleston to that role.

All physician assistants must pass the Physician Assistant National Certifying Examination and be certified by the National Commission on the Certification of Physician Assistants (NCCPA) for initial licensure. NCCPA certification is no longer a requirement for licensure renewal. Under the proposed rule, a licensed PA must notify the Board of Medicine of certification status. If he or she is no longer certified by NCCPA, their designation changes from “PA-C” to simply “PA.”

PAs still must complete 100 hours of CME during each

two-year licensing period. If a PA prescribes, administers or dispenses any controlled substance, he or she must complete a minimum of three hours in a board-approved course on drug diversion training and best practice prescribing of controlled substances.

2018 Renewals

(continued from page 12)

the Board of Medicine newsletter, which is available under the Public tab on the board’s website.

Please note that the board’s rule 11 CSR 5, Dispensing of Prescription Drugs by Practitioners, was amended during the 2017 legislative session. Changes to this rule may affect whether you need to renew your currently held drug dispensing registration certificate. Under the amended rule, only practitioners who administer or dispense controlled substances, including samples of controlled substances, in an office-based setting need to hold a controlled substance dispensing certificate issued by the board. To view 11 CSR 5, please [click here](#).

All renewal applications and fees must be received prior to 4:30 p.m. EDST on Friday, June 29, 2018, to avoid expiration of your license and/or certification. If your license and/or certification expires, please expect an interruption in your practice. For supervising physicians, expiration of your license will also terminate any currently authorized practice agreements.

New Staff

The West Virginia Board of Medicine welcomed two new staff members in recent months, including Diane Callison and board attorney Greg Foster.

Foster came on board in August, joining the staff from the West Virginia Attorney General’s Office. He serves as legal counsel to the board, with an emphasis on disciplinary matters, offering legal advice, guidance and representation.

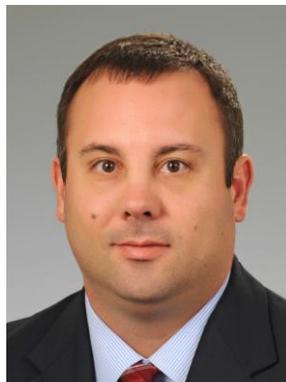
Callison initially joined the staff in August as a receptionist / administrative office assistant. However, in December, she transi-

tioned to a new role as physician assistant licensure analyst. She replaces Ryan Moore, who left the staff in November to pursue other career opportunities. We wish him the best of luck in his future endeavors.

A new receptionist will begin next week.



Callison



Foster

Addiction and Rx Drug Abuse Conference Continues to Grow

More than 350 physicians, physician assistants, nurses, dentists, psychologists, lawyers, pharmacists, counselors, social workers and interested others from West Virginia and around the country gathered Oct. 19-21 for the fifth annual Appalachian Addiction & Prescription Drug Abuse conference at Embassy Suites in Charleston to discuss addiction and treatment issues, and share best practices.

The conference is recognized by both the West Virginia Board of Medicine and the WV Board of Osteopathic Medicine, and satisfies the licensing boards' three-hour continuing medical education requirement on Best Practices Prescribing of Controlling Substances and Drug Diversion Training.

Support for the meeting was provided by the WV Medical Professionals Health Program (WVMPHP), the WV State Medical Association, the WV Society of Addiction Medicine, the WV Osteopathic Medical Association, and the WV Department of Health and Human Resources Bureau for Behavioral Health & Health Facilities. CME joint sponsorship was provided by CAMC Health Education & Research Institute.

Topics covered a broad range of issues related to prescription drug abuse, addiction and the paradigm for the epidemic.

Conference organizer Dr. P. Bradley Hall, executive medical director of the WVMPHP, said the misuse of prescription drugs and the related increase in use of heroin and fentanyl is more than a problem of addiction. "It's like calling an outbreak of diabetes a cupcake problem," he said. "This is an epidemic. How did we get here? Well, before we point the finger at somebody, we have to wash our own hands first."

State Senate President Mitch Carmichael called West Virginia "Ground Zero" in the battle

against opioid addiction and overdose deaths.

Speakers included Dr. Rahul Gupta, commissioner of the WV Bureau for Public Health; Robert DuPont, M.D., first director of the National Institute on Drug Abuse and the second White House Drug Czar; Allen Mock, M.D., WV chief medical examiner; and many other state and national experts including the deans of all three state medical schools, who conducted a luncheon panel discussion on "Changing Culture of Society through Education of Early Career Physicians."

Gupta said West Virginia's morbidity indicators are as well-known as they are alarming.

WV is ranked #1 in the U.S. in the following:

- arthritis – 38%
- disability – 28.3%
- cardiovascular disease – 14%
- COPD – 13.3%
- hypertension – 42.7%

WV is ranked #3 in the U.S. in the following:

- diabetes – 14.5%
- kidney disease – 3.6%
- cancer – 14.1%

WV is ranked #4 in the U.S. in the following:

- depression – 23.1%
- obesity – 35.6%

He noted that although West Virginia has recorded the greatest decline (15%) in opioid prescriptions in the U.S., the state still retains the highest prescription saturation in the country (20.8 prescriptions per person) and the highest overdose death rate (884 in 2016). "At some point, we've got to stop just collecting the bodies and move up to help people from jumping off the bridge," he said.

Pain Management for Patients in Recovery

Medications for the treatment of pain can potentially reactivate addiction illness. The primary drug of addiction can be substituted with a new one legitimately prescribed. Although patients with Substance Use Disorder (SUD) are at an increased risk of complications compared to the general public, they still can be offered safe and effective treatment provided proper cautions and safeguards are used.

“Patients in Recovery Need Pain Management, Too,” an article researched and written exclusively for the West Virginia Board of Medicine, explores the nature of addiction and safe treatment options for recovering patients. Authored by Dr. P. Bradley Hall, executive medical director of the West Virginia Medical Professionals Health Program, and Mark Garofoli, PharmD, MTM program manager at the WV School of Pharmacy, the full text of the article is available on the board’s website at www.wvbom.wv.gov.

“Once addiction is ‘switched on,’ it never goes off. ... The disease of addiction is a lifetime ‘on’ and is susceptible to being triggered by prescribed medications for legitimate medical problems,” Hall and Garofoli found. “The use of benzodiazepines and other addictive medications is a gamble putting recovery and survival at risk.”

According to the article, the Council of Economic Advisors estimated the economic cost of the opioid crisis at \$504 billion in 2015, or 2.8 percent of the country’s Gross Domestic Product. Drug overdoses, meanwhile, accounted for 64,070 deaths in the U.S. in 2016, a 20 percent increase over 2015.

Hall and Garofoli noted that, “Whenever possible, controlled substances (i.e., opioid pain medications) should be avoided in the patient in recovery, and should certainly only be used after considering numerous non-pharmacological, non-opioid and adjuvant interventions to manage the pain. This includes cognitive behavioral therapy, physical therapy, acupuncture and meditation, to name a few.”

Effective treatment, the authors concluded, “requires knowledge of craving, tolerance, substitution and other clinically relevant variables. Involvement with a psychiatrist and addiction medicine specialist can prevent complications.”

West Virginia Board of Medicine Staff

Administration

Mark A. Spangler, M.A. - Executive Director

Jamie S. Alley, Esq. - Deputy Director /
General Counsel

Greg S. Foster, Esq. - Board Attorney

Jamie C. Frame - Executive Administrative
Assistant

Deborah Scott - Fiscal Officer

Vacant - Administrative Office Assistant /
Receptionist

Scott A. Wilkinson - Information Systems
Coordinator

Licensing, Certifications & Renewals Division

Sheree J. Thompson - Supervisor

Diane M. Callison – Physician Assistant
Licensure Analyst

Kimberly R. Jett - Certifications Analyst

Angela M. Scholl - Licensure Analyst -
Last Names A - L

Carmella L. Walker - Licensure Analyst -
Last Names M - Z

Investigation, Complaints & Compliance Division

Leslie A. Thornton, CMBI - Supervisor

Felicia A. Bryant - Paralegal

Rhonda A. Dean - Complaints Coordinator

Patrick A. Muncie - Investigator

Medical Cannabis Plans Gathering Momentum

The Medical Cannabis Advisory Board met Dec. 14 in Morgantown to review the results of two online surveys to gather information from patients who may be interested in obtaining medical cannabis, and to gauge interest among physicians about authorizing its use for their patients.

The Advisory Board directs the Office of Medical Cannabis, (OMC) administered within the state Department of Health and Human Resources' Bureau for Public Health.

Dr. Rahul Gupta, state health officer and BPH commissioner, said the non-scientific, anonymous surveys were designed to allow the OMC, "to hear from West Virginia residents who may be considering the use of medical cannabis to treat their serious illness. This evaluation will provide some insight as to the demographics of the potential patient population, where they are currently seeking care, and for what conditions they will be seeking medical cannabis, along with what forms of medical cannabis they may choose to obtain."

A total of 1,455 physicians completed the online survey between Oct. 24 and Nov. 14, with 1,190 expressing interest in making medical cannabis available to their patients. The survey did not distinguish between

medical doctors and osteopathic doctors in reporting the results.

The patient survey from Oct. 14 to Nov. 20 drew 6,174 responses, with the largest number (1,808) coming from those age 56 and older.

A PowerPoint presentation with complete results is available online at www.medcanwv.org.

The information collected from the surveys will be used to make decisions on permitting to ensure an adequate amount of medical cannabis is available to patients in defined regions of the state. A link to the survey was distributed to physicians with the cooperation of the West Virginia Board of Medicine and the West Virginia Board of Osteopathic Medicine, though neither board was involved in its creation or results analysis.

Draft legislative rules also were presented to the Advisory Board during December's meeting and have been made available for public comment through Jan. 12. The draft rules are available for online review at www.medcanwv.org.

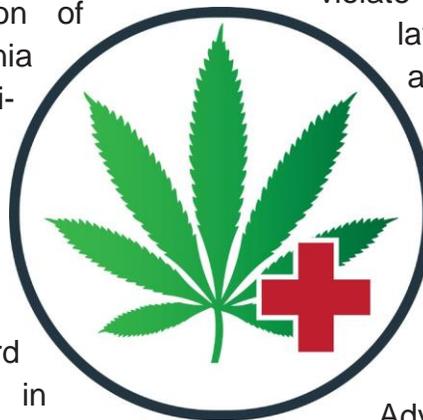
The Advisory Board previously met Aug. 16 and Oct. 11

at the University of Charleston. During the October meeting, Delegate Ron Walters, among a group of legislators and attorneys who traveled to Denver for a medical cannabis conference in August, said changes to the Act may be accomplished through rule-making or additional legislation in 2018.

Among those changes may be scrapping the current three-tiered system and allowing dispensaries to also grow and process medical cannabis. Also to be resolved are issues such as working with insurance companies, which don't want to violate interstate commerce laws, and banks, which are insured through the Federal Deposit Insurance Corp. Cannabis remains a Schedule I drug under federal regulations.

In addition, the Advisory Board formed three work groups to prepare recommendations to be presented to the full Advisory Board for approval. Once approved, they may be included in the Advisory Board's report to the Legislature and Governor, which is due in July 2019.

- Work Group 1 is charged with assessing and making



Medical Cannabis *(continued from page 16)*

recommendations to change, add or reduce the types of medical conditions that qualify as serious medical conditions under the Medical Cannabis Act, and the types of medical professionals who can issue certifications to patients. Members include Arvinder Bir, M.D., Kimberly Knuckles, James Felsen, M.D., and Rudy Malayil, M.D.

- Work Group 2 is charged with assessing and making recommendations as to the forms of medical cannabis that can be permitted under the new law, including whether dry leaf or the plant form of cannabis should be dispensed for administration by vaporization. Members include Michelle E. Easton, PharmD, Joseph Selby, M.D., D. Keith Randolph and Russell A. Williams.
- Work Group 3 is charged with assessing and developing recommendations as to how to ensure affordable patient access to medical cannabis and whether to change, add or reduce the number of growers, processors or dispensaries. Members include Col. Jan Cahill, superintendent of the West Virginia State Police, attorney W. Jesse Forbes, Joe Deegan and Joseph Hatton, deputy commissioner.

The West Virginia Medical Cannabis Act (SB 386), signed into law by Gov. Jim Justice in April, allows patients who are residents of West Virginia and have a serious medical condition as certified by a physician to obtain medical cannabis at approved in-state dispensaries. Identification cards necessary to purchase medical cannabis at an approved dispensary will not be available until July 2019.

Gupta estimates the Office of Medical Cannabis will require about \$2 million in start-up costs. The original legislation did not identify a funding source. Rev-

enue created by the law in the form of taxes and fees should be sufficient to pay ongoing annual costs of \$800,000 to \$1 million. Costs include establishment of a robust seed-to-sale tracking system, lab testing of cannabis products and price monitoring.

Under the law, local governments retain control through zoning and by referendum in determining whether to allow growers, processors or dispensers in their cities and counties. Insurance companies are not required to provide coverage for medicinal cannabis under the current law.

Website Undergoing Facelift

The West Virginia Board of Medicine's website (www.wvbom.wv.gov) is undergoing a facelift, with an eye toward greater transparency for board activities and more intuitive for visitors.

An methodical review of the site began in October. The board plans to emphasize new and updated content, as well as design changes.

Frequent users may already have noticed a few changes. For example, we have added "Recent Public Presentations" under the "Public" tab on the main page in order to post PowerPoint presentations by topic and date that Executive Director Mark Spangler and other staff members have made to health care, law enforcement and legislative groups.

"News Releases" also have been posted by topic and date. The Board of Medicine's new "Mission, Vision and Core Values" statements have been added to "Quick Links," for now, and will be incorporated into design changes in the future.

Our goal is to keep website content fresh, while eliminating unnecessary redundancies. We welcome your observations and feedback.