



# West Virginia Board of Medicine

December 2019

## Upcoming Board Meetings

January 13, 2020

March 9, 2020

May 18, 2020

July 13, 2020

## Letter from the President

by Kishore K. Challa, MD

The West Virginia Board of Medicine completed its third annual Strategic Planning Meeting in mid-October, with outstanding participation by board members and senior staff. In fact, the concept is such a success that it is drawing attention at the national level from the Federation of State Medical Boards, as other medical boards across the country take note of our structured approach to strategic planning.

During a recent national gathering, FSMB President and CEO Hank Chaudhry, DO, approached Executive Director Spangler and asked him about our process. As a result, the Board of Medicine plans to create and staff a detailed poster presentation for FSMB's 2020 Annual Meeting next April in San Diego.

For those who may not be familiar with the process, the Strategic Planning Meeting was initiated in 2017 during Spangler's first year at the helm. The meet-



Dr. Challa

ings are scheduled on a fall Saturday afternoon and are designed to help us craft a roadmap for the coming calendar year.

The exercise prompts us to allocate our time and resources most efficiently in order to

meet a defined set of goals and objectives, which are structured in keeping with our Mission, Vision and Core Values. These, in fact, were developed during the inaugural meeting three years ago and can be found on the Board's website.

This year, the resulting 2020 Strategic Plan will help us to move forward not only with anticipating health care legislative proposals during the upcoming regular session of the West Virginia Legislature, but also with the day-to-day, month-to-month operations that comprise the bulk of our work. For example, one of the goals developed this year and approved by the Board at our November meeting is to continue to build relationships

with other health care-related boards and associations to address mutual concerns and opportunities.

Another is to ensure, through a variety of communication and education efforts, that physicians are aware that the Board's website includes information about the statutorily required three-hour Continuing

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# Practice Notifications Help Hospitals, PAs

Legislation passed during the 2019 regular session of the West Virginia Legislature (Senate Bill 668) modified the Physician Assistants Practice Act to permit physician assistants (PAs) who work in hospitals to practice without having Practice Agreements with specific physicians in the hospital setting.

Instead, it allows PAs to collaborate with multiple physicians in a hospital setting by submitting a hospital "Practice Notification" to the West Virginia Board of Medicine in lieu of a Practice Agreement.

This regulatory change provides broader discretion for a PA's scope of practice to be determined at the practice level in hospitals. It also permits PAs

to collaborate, as appropriate, with any physician practicing in the same hospital. Practice Agreements are still required for all practice settings other than hospitals, and PAs must practice in collaboration with physicians in all practice settings.

Hospitals do not include any health care facility which is not licensed as a hospital pursuant to West Virginia Code.

The Board promulgated an emergency rule to implement these legislative changes. The emergency rule was approved by the Secretary of State's Office on July 30 and is now in effect. A final version of this rule will be considered during the 2020 regular legislative session.

As a result, there are now two pathways for PA practice

authorization:

For all practice settings other than hospitals, Practice Agreements are required.

For hospital practice, Practice Notifications are required.

However, all currently approved Practice Agreements which authorize PA practice in hospital settings will remain in effect unless they are replaced by Practice Notifications. There is no obligation to replace a current Practice Agreement with a Practice Notification. Moving forward, however, all new PA hospital practice must be submitted to the Board on a Practice Notification, not a Practice Agreement.

A Practice Notification provides written notice to the Board that a PA licensed by the Board will practice in collaboration with one or more physicians in a hospital in the state of West Virginia. To file a Practice Notification, a PA must, in conjunction with the hospital, submit a complete Practice Notification to the Board.

A PA may not commence practice pursuant to a Practice Notification until the Board provides written notification to the PA and the hospital that a complete Practice Notification has been filed with the Board. The Board's written notification activates the Practice Notification

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

Medical Education courses in "Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training."

Yet another goal requires that by our July 2020 meeting, the Board of Medicine will issue a board position statement regarding medical cannabis authorization by physicians. This is particularly timely, given that the Department of Health and Human Resources' Office of

Medical Cannabis has begun accepting permit applications for medical cannabis growers, processors, dispensaries and laboratories. State officials hope to fully launch the program by mid-2021.

This effort, in turn, is in keeping with the Board's Vision statement: "We will be a national leader in innovative oversight of health professionals." We are taking great strides in making that vision a reality.

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# 2020 Legislative Preview

The approaching second session of the 84th West Virginia Legislature likely will include action on a variety of health care topics, both new and familiar.

The Legislature also may consider bills related to the state's ongoing battle against Substance Use Disorder.

The session, which begins Jan. 8, will also see changes in some key leadership positions. Delegate Joe Ellington, a physician who has chaired the House Committee on Health and Human Resources for the past few years, will instead chair the House Education Committee. He will be replaced at House Health by Delegate Jordan Hill, whose background is in human resources. Delegate Margaret Staggers, an emergency room physician from Fayette County, will serve as minority vice chair.

Sen. Tom Takubo, DO, returns to his critical role as Senate Majority Leader.

Several other long-time legislators will be serving their final terms in 2020, having announced that they don't plan to seek re-election in the fall. These include Sen. Corey Palumbo, the Senate Minority Whip, and Sen. Roman Prezioso, the Senate Minority Leader. Both are members of the Senate Health Committee.

In the House of Delegates, Minority Leader Tim Miley and Judiciary Committee Chair John Shott also have announced

plans to step aside after this year.

Here are some key dates for the 2020 regular session:

**Wednesday, Jan. 8** – 1<sup>st</sup> day of the session

**Monday, Jan. 27** – 20th day of the session. Legislative Rule-Making Review bills due.

**Tuesday, Feb. 11** – 35th day of the session. Last day to introduce bills in the House. (This does not apply to originating or supplementary appropriations bills, nor to House resolutions or concurrent resolutions.)

**Monday, Feb. 17** – 41st day of the session. Last day to introduce bills in the Senate. (This does not apply to originating or supplementary appropriations bills, nor to Senate resolutions or concurrent resolutions.)

**Sunday, Feb. 23** – 47th day of the session. Bills due out of committees to ensure three full days of readings.

**Wednesday, Feb. 26** – 50th day of the session. Last day to consider bills on third reading in their house of origin for "cross-over."

**Saturday, March 7** – 60th and final day of the session.

The Legislature will consider two proposed changes to Board of Medicine rules, including 11 CSR 1B, which would allow physician assistants to collabo-

rate with multiple physicians in a hospital setting by submitting a hospital "Practice Notification" to the Board in lieu of a Practice Agreement. An emergency rule is now in place. (see related story, [Page 2](#))

Another rule, 11 CSR 13, is the result of passage of SB 396, regarding the waiver of initial licensing fees for eligible low-income individuals and certain military family members. The new law defines a "low-income individual" as someone in the local labor market whose household adjusted gross income is below 130% of the federal poverty level. The term "low-income individual" also applies to any person enrolled in a state or federal public assistance program, such as Temporary Assistance for Needy Families (TANF), Medicaid or the Supplemental Nutrition Assistance Program (SNAP).

A "military family" is defined in the new law as any person who serves as an active member of the armed forces of the United States, the National Guard, or a reserve component, honorably discharged veterans of those forces, and their spouses. This term also includes surviving spouses of deceased service members who have not remarried.

Both 11 CSR 1B and 11 CRS 13 will be introduced as bills during the upcoming session.

# Best Practices for Utilizing Telemedicine Technologies

The medical profession is uniquely characterized by its commitment to advancing patient care through the utilization of scientific advancement and new technologies. In recent years, the proliferation of smart devices and digital connectivity have paved the way for robust growth in the use of telemedicine technologies.

Like all health care technologies, when appropriately utilized, telemedicine can be a useful tool with benefits for practitioners and patients, including improved access to care and cost efficiencies. However, like all technology, telemedicine can be misused or misapplied.

Practitioners who incorporate telemedicine technologies into their medical practice should be familiar with the strengths and limitations inherent in current technology and the statutory requirements for telemedicine practice. The West Virginia Medical Practice Act contains clear guidelines for the implementation of telemedicine technologies in medical practice with respect to West Virginia patients. [W. Va. Code § 30-3-13a](#).

## Definition

Telemedicine is a modality of providing health care services to patients, not a distinct type of practice. In West Virginia, telemedicine is defined as, “the practice of medicine using tools such as electronic communication, information technology, store-and-forward telecommunication, or other means of interaction between a physician or podiatrist in one location and a patient in another



location, with or without an intervening health care practitioner.” W. Va. Code § 30-3-13a(a)(4) Telemedicine technologies are

routinely used in many specialties, including radiology, pathology, psychiatry, dermatology, ophthalmology and family medicine.

## Licensure Requirements

In West Virginia, like most states, the practice of medicine occurs where the patient is physically located when health care services are rendered. To use telemedicine to evaluate, diagnose or treat a patient physically located in West Virginia, the practitioner must hold an active West Virginia license. However, the practitioner does not need to be physically located in West Virginia.

The broad appeal of telemedicine is that it permits practitioners and patients to interact, despite geographical differences. So long as the practitioner is licensed in West Virginia and is utilizing appropriate telemedicine technology for the standard of care, he or she may provide services via telemedicine technologies from as close as Kentucky, as far away as New Zealand, or any point in between.

## Establishing a Physician-Patient Relationship

There are clear limitations on how a physician-patient may be established through telemedicine in current West Virginia law. If a physician-patient relationship is not pre-existing between the practitioner and the patient, a physician-patient relationship may be established via telemedicine through the use of the appropriate telemedicine technologies.

For all medical specialties other than pathology and radiology, which may appropriately rely on store-and-forward technology to review and interpret slides, scans and other medical data, the establishment of a physician-patient relationship via telemedicine currently requires the use of

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## **Telemedicine** *(continued from page 4)*

technology with a secure video component. Pursuant to W. Va. Code § 30-3-13a(c):

A physician-patient or podiatrist-patient relationship may not be established through:

- (A) Audio-only communication;
- (B) Text-based communications such as e-mail, internet questionnaires, text-based messaging or other written forms of communication; or
- (C) Any combination thereof.

Once a physician-patient relationship has been established, the practitioner may use any telemedicine technology that conforms to the standard of care for the particular patient presentation for subsequent contacts with the same patient.

Practitioners who are responding to call for and/or providing cross coverage to professional colleagues who have established relationships with patients may communicate via audio-only or text-only, as appropriate. Likewise, audio-only and/or text-only communications are permissible when a practitioner is providing medical assistance in the event of an emergency.

### **Standard of Care**

The use of telemedicine technologies does not change the standard of care. Practitioners who practice via telemedicine technologies are subject to the exact same standard of care, professional practice requirements and scope of practice limitations as physicians who have in-person patient encounters. If the standard of care for a particular patient encounter requires a physical examination that cannot be achieved via telemedicine technologies, treating the patient via telemedicine would violate the standard of care in that instance.

### **Prescribing Limitations**

If the practitioner-patient relationship is exclusively conducted via telemedicine, the practitioner may not prescribe the patient a

Schedule II controlled substance. Moreover, a physician or podiatrist may not prescribe any pain-relieving controlled substance listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of treatment for chronic nonmalignant pain solely based upon a telemedicine encounter.

There are two exceptions to the prohibition on prescribing Schedule II controlled substances via telemedicine. First, Schedule IIs may be prescribed via telemedicine when a physician is treating a minor or a patient diagnosed with intellectual or developmental disabilities, neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury who is enrolled in a primary or secondary education program.

In such instances, the practitioner must prescribe in accordance with guidelines set forth by organizations such as the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry or the American Academy of Pediatrics.

Second, a physician may submit an order to dispense a Schedule II drug to a hospital patient for immediate administration in a hospital.

Finally, practitioners may not prescribe any drug with the intent of causing an abortion.

### **Telemedicine Practice**

With the exception of pathology and radiology practice, practitioners who use telemedicine technologies to practice medicine to West Virginia patients must:

1. Verify the identity and location of the patient;
2. Provide the patient with the identification and qualifications of the practitioner;
3. Provide the patient with the physical location and contact information for the practitioner;
4. Conform to the standard of care;
5. Determine whether (and which) telemedicine technologies are appropriate for the specific patient presentation being evaluated/treated;

*(continued on page 6)*

## **Telemedicine** *(continued from page 5)*

6. Obtain consent from the patient to use telemedicine technologies;
7. Conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the patient presentation; and,
8. Create and maintain health care records for the patient which justify the course of treatment and which verify compliance with the requirements of this section

### **Medical Records**

The Board of Medicine has encountered situations when physicians were unable to determine how to obtain access to his or her own telemedicine patient records. Practitioners should be careful to avoid this predicament. Practitioners have a professional responsibility to maintain written medical records that justify the course of treatment. This is true whether the patient encounter is in-person or via telemedicine technologies.

Because the practitioner is remote from the patient, practitioners additionally are required to make medical record documentation of all telemedicine encounters “easily available” to both the patient and, with the patient’s consent, any identified care practitioner of the patient. Records should be maintained confidentially, and consistent with the laws and legislative rules governing patient health care records.

### **Professional Responsibility Requirements**

Practitioners who treat patients via telemedicine are subject to the same professional responsibility requirements as practitioners who operate in traditional medical environments. The Board encourages all practitioner to be familiar with their licensure and professional obligations set forth in the Medical Practice Act and in Board of Medicine rules.

For example, it is a potential disciplinary offense

in West Virginia for a provider to receive kick-backs, payments or other compensation to refer patients to any person or entity in connection with providing medical or other health care services or clinical laboratory services, supplies of any kind, drugs, medication, or any other medical goods (including durable medical goods), services, or devices used in connection with medical or other health care services. W. Va. Code § 30-3-14(c) (6).

<sup>1</sup> An exception to this requirement is Practitioners working in a federal health system such as the VA, which is regulated by federal, not state law requirements.

## **New Database Development Continues**

Staff members at the West Virginia Board of Medicine are working diligently to implement a new database in conjunction with our software vendor, inLumon. Among its enhanced features, the new database will include a licensee interface that will require unique usernames and passwords for individual providers.

The transition also will include a new website with an entirely different “look and feel,” and more intuitive navigation, while retaining the information and resources upon which our stakeholders rely.

Development of the new database and website has a direct correlation with the Board’s Strategic Plan to improve and maximize the use of technology by updating our infrastructure.

We’re looking forward to announcing the implementation and other enhanced features of the database and website when the work is complete.

## **Practice Notifications** *(continued from page 2)*

and provides the PA with authorization to practice at the identified hospital in conformity with the PA's education, training and experience and in accord with the delineation of privileges granted to the PA by the hospital.

The Practice Notification form must be complete, legible and provide all required documentation. Original signatures are required from both the PA and a hospital representative; for this reason, Practice Notifications are not accepted by fax or email.

The hospital may select its own representative to complete the form, as long as the representative has the authority to make the required certifications on behalf of the hospital. When the individual

selected does not appear to have authority to act as an agent of the hospital (for example, the individual is not an employee of the hospital and/or does not have a hospital title, phone number and/or email address), the Board requires a letter of authorization from the hospital identifying the facility's designee for the completion of Practice Notification forms. With such a letter on file, both the hospital and the Board can have certainty concerning the individual's authority and knowledge to make binding representations and certifications on behalf of the hospital concerning the content of submitted Practice Notifications.

A nonrefundable \$100 fee for each Practice Notification

must be enclosed. A separate notification, including an additional \$100 fee, is required for each hospital operated under a separate corporate entity/umbrella. Each hospital location where the PA will practice pursuant to the Practice Notification must be identified in the Practice Notification.

Physicians and physician assistants who collaborate under a Practice Notification shall not allow an employment arrangement to interfere with sound clinical judgement; diminish or influence the practitioner's ethical obligations to patients; or, exert undue influence on, or interfere with the robustness of, the collaborative relationship.

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## **STAFF UPDATE**

During its November meeting, the West Virginia Board of Medicine welcomed Thomas "Matt" McCall, who joined the staff in late October as a receptionist / administrative office assistant.

McCall succeeded Joshua Wayne, who had served in that

capacity since December 2017. Wayne resigned from the staff in mid-September to pursue another career opportunity. We wish him the best of luck in his future endeavors.

See the chart on [page 14](#) for a full list of staff with their contact information.

# Opioid Prescribing: Guidelines for Tapering Off

The U.S. Department of Health and Human Services has published a new [“Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics.”](#)

Physicians should prescribe opioids only when the benefit to a patient outweighs the risks. But once a patient has been on opioid medication for a prolonged period, any abrupt change in regimen may put the patient at risk. Changes should only take place after a thorough, deliberative case review and discussion with the patient. The HHS Guide provides advice to clinicians who are contemplating or initiating a change in opioid dosage.

“Care must be a patient-centered experience. We need to treat people with compassion, and emphasize personalized care tailored to the specific circumstances and unique needs of each patient,” Adm. Brett P. Giroir, MD, assistant secretary for health, said in a news release. “This Guide provides more resources for clinicians to best help patients achieve the dual goals of effective pain management and reduction in the risk for addiction.”

Clinicians have a responsibility to coordinate patients’ pain treatment and opioid-related problems. In certain situations, a reduced opioid dosage may be indicated, in joint consultation

with the care team and the patient. HHS does not recommend opioids be tapered rapidly or discontinued suddenly because of the significant risks of opioid withdrawal, unless there is a life-threatening issue confronting the individual patient.

Compiled from published guidelines and practices endorsed in peer-reviewed literature, the Guide covers important issues to consider when changing a patient’s chronic pain

therapy. It lists issues to consider prior to making a change, which include shared decision-making with the patient; issues to consider when initiating the change; and issues to consider while a patient’s dosage is being tapered, including the need to treat symptoms of opioid withdrawal and provide behavioral health support.

For more information, go to: [www.hhs.gov/opioids](http://www.hhs.gov/opioids).

## Board Actions June through November 2019

### Stephen J. Mallot, MD

7/1/2019 – Voluntary Surrender of License  
[Consent Order](#)

### Madhu Aggarwal, MD

07/19/2019 – Voluntary Surrender of License  
[Consent Order](#)

### Randy Lee Swackhammer, MD

07/19/2019 – Voluntary Surrender of License  
[Consent Order](#)

### Jeffery Floyd Addison, MD

09/04/2019 – Voluntary Surrender of License  
[Consent Order](#)

### Alexander Vladimirovich Otellin, MD

09/09/2019 – Probation of License  
[Consent Order](#)

### Marc Jonathan Spelar, MD

11/04/2019 – Revocation of License  
[Board Order](#)

### Douglas Raymond Smith, PA

11/04/2019 – Voluntary Surrender of License  
[Consent Order](#)

## Licensure Application Related Actions

### Joseph Jasser, MD

10/17/2019 – Limitation or Restriction on License / Practice  
[Consent Order](#)

### Mohamed Chebaclo, MD

10/21/2019 – Administrative Fine / Monetary Penalty  
[Consent Order](#)

# 2020 Renewal Reminder

**Board of Medicine applicants and licensees are individually responsible for all information contained on applications and forms that are submitted to the Board. Each applicant/licensee must personally read, complete and sign the document that is being submitted to the Board. Authorizing anyone else to complete an application and/or form can constitute misconduct and/or fraud.**

The renewal period for physicians whose last name begins with the letters A - L, controlled substance dispensing practitioners whose last name begins with the letters A - L, educational permit participants and professional limited liability companies (PLLCs) will begin at 8:30 am EST on Wednesday, May 6, 2020 and will conclude at 4:30 pm EST on Tuesday, June 30, 2020. If a license, registration, permit or authorization expires, the licensee should expect an interruption in practice while a reinstatement application is processed.

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 contact information changes.

## **Licensure Renewal for MDs Whose Last Name Begins with the Letters A - L**

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 medical doctors licensed by the Board each renewal cycle through 2021. 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 (PICF).

There are a few exemptions with regard to paying the PICF fee, which can be reviewed by visiting the PICF Assessment Fee Section on the Board's website.

Please note that the Board is prohibited from renewing a license if the licensee does not pay the PICF fee. Additionally, if a license expires, it may not be reinstated until the PICF assessment has been paid in full.

Medical doctors who are not exempt may pay the assessment on the Board of Medicine website beginning on Jan. 2, 2020.

When renewing a medical license, the licensee will need to attest that he/she has completed all required continuing medical education (CME). CME requirements are available for review in the Continuing Medical Education Section of the Board's website.

If a licensee has prescribed, administered or dispensed any controlled substance pursuant to a WV medical license be-

tween July 1, 2018 and the date that he/she submits a renewal application, he/she is required to complete three hours of Board-approved CME in drug diversion and best practices prescribing of controlled substances. A list of the courses that have been approved by the Board to satisfy the three-hour requirement is available in the Continuing Medical Education Section of the website.

Please note that this is not a one-time only requirement. Licensees are required to complete this training biannually; therefore, the training for this renewal cycle must be completed between July 1, 2018 and the date that the licensee submits a renewal application, which can be no later than 4:30 pm EST on June 30, 2020.

Also, if a licensee has prescribed or dispensed any Schedule II, III or IV controlled substance pursuant to a WV medical license, the licensee will be required to provide proof that he/she has obtained and maintained access to the West Virginia Controlled Substance Monitoring Program (WVC-SMP). The WVC-SMP is maintained and operated by the West

*(continued on page 10)*

## 2020 Renewal Reminder (continued from page 9)

Virginia Board of Pharmacy. Information on how to register and/or gain a certificate of registration may be found at [www.wvbop.com](http://www.wvbop.com).

A list of 2020 Frequently Asked Questions will be available on the Board's website in April 2020. Please review the FAQs prior to renewing.

### Controlled Substance Dispensing

If a licensee engages in office-based dispensing and/or administering of controlled substances, including free samples of controlled substances, the licensee must be registered with

the Board as a controlled substance dispensing practitioner. Controlled substance dispensing practitioner registration certificates are site specific; therefore, the licensee must hold a valid dispensing certificate for each location at which he/she administers and/or dispenses controlled substances.

The controlled substance dispensing practitioner registration certificate for physicians with a last name that begins with the letters A – L will expire on June 30, 2020, unless successfully renewed during the Board's 2020 renewal period.

A list of 2020 Frequently

Asked Questions will be available on the Board's website in April 2020. Please review the FAQs prior to renewing.

### Educational Permit Renewals

All allopathic postgraduate training participants are required to hold either an active West Virginia medical license or an educational training permit. The educational permit for allopathic graduate medical training participants will expire on June 30, 2020, unless successfully renewed during the Board's 2020 renewal period.

A list of 2020 Frequently Asked Questions will be available on the Board's website in March 2020. Please review the FAQs prior to renewing.

## Position Statements Reviewed, Updated

The West Virginia Board of Medicine has embarked on a long-term project to review and update its position statements on various topics. All of the Board's adopted position statements can be found at [https://wvbom.wv.gov/Position\\_Statementsnew.asp](https://wvbom.wv.gov/Position_Statementsnew.asp)

In 2018, the Board reviewed and updated the following position statements:

- [Conflict of Interest Policy](#);
- [Corporate Practice of Medicine](#);
- [Minimum Requirements and Guidelines for Physicians in Collaborative Relationships for Prescriptive Authority with APRNs](#); and,

- [Procedure for Making Public Comments at Meetings of the Board](#).

The Board will next review its position statement titled [Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice](#), which was originally adopted in 2012. If you would like to provide input, please email Executive Director [Mark A. Spangler](#) by Jan. 3, 2020.

### PLLC Renewals

It is unlawful for a professional limited liability company to practice or offer to practice medicine and surgery or podiatry in West Virginia without a valid certificate of authorization issued by the Board. The certificate of authorization for all PLLCs is scheduled to expire at 4:30 pm EST on Tuesday, June 30, 2020, unless successfully renewed during the Board's 2020 renewal period.

A list of 2020 Frequently Asked Questions will be available on the Board's website in April 2020. Please review the FAQs prior to renewing.

# New Licensees: June through December 2019

The West Virginia Board of Medicine issued 263 medical doctor licenses, 68 Interstate Medical Licensure Commission licenses, two podiatric physician licenses and 46 physician assistant licenses for the period of June through December 2019. Congratulations to:

## MEDICAL DOCTORS

### A - C

Abu-Hamda, Eyad Mohammad  
 Adams, Catherine Ann  
 Aftab, Munib  
 Afzal, Muhammad  
 Aggarwal, Nimit Kumar  
 Aggarwal, Avinash  
 Akhtar, Anita  
 Al Nabulsi, Majdi Saleh  
 Mohammad  
 Alhassan, Sharifa Jaffar  
 Ali, Rizwan  
 Altuwijiri, Ramez Wail A  
 Amjad, Salah-Ud-Din  
 Andrews, Michael Charles  
 Richard  
 Arastu, Nabeel Husain  
 Archibald, Gordon Rider  
 Arnoult, Susan Kaufman  
 Arora, Aman  
 Babar, Jawad  
 Balaa, Anas  
 Barghouthi, Tamara Thair  
 Barry, Mohamed K.  
 Barry, Rahman George  
 Bauer, Kelsey Marie  
 Becker, Melinda Diane  
 Behari, Ajay  
 Bernard, Shenell Abi-Gail  
 Bescos, Pilar Marie  
 Bhat, Prashanth  
 Blasini Perez, Wilfredo  
 Brown, Douglas Coleman  
 Burhanullah, Muhammad  
 Haroon

Cain, Kristen Elsa  
 Catherman, Kristen Ann  
 Chaudhary, Sadia Mohyud Din  
 Chebaclo, Mohamed  
 Chesser, Keith Thomas  
 Chuang, Justin  
 Chung, Danna Daun  
 Cole, Justin Allen  
 Colella, Joseph James  
 Crabtree, Dwayne Kent  
 Custer, Loren Taylor

### D - J

Dawson, Grant Alan  
 Day, Kristopher Michael  
 DeChant, Ross David  
 de Cuba II, Raymond Joseph  
 DeLeonardo Jr., Ross Stanley  
 Deogaonkar, Milind  
 Dickerson, Jeffrey Wayne  
 Duque, John Paul  
 Eberle, Bryan Anthony  
 Einarsson, Zachary Thomas  
 Ekram, Tashfeen  
 Elbaage, Thar Yahya Yasir  
 Elghezewi, Adnan Salem  
 Elston, Dirk Michael  
 Epstein, David Kalman  
 Ewart, Zachary Thomas  
 Farnsworth, Thor  
 Fazi, Alyssa Coate  
 Forcucci, Jessica Ashley  
 Fotinos, Peter Nick  
 Frazee, Melinda Sue  
 Fuqua, Jacob Lane  
 Gadhe, Balu Bipin  
 Galindo Sanchez, Julio Cesar

Gandolfo, Lisa Hilary  
 Garza, Armando Sergio  
 Ghavimi, Shima  
 Gilligan, Patrick Hagen  
 Glad, Lawrence Jerome  
 Gonnella, Susan Lynne  
 Gordon, Marcus Tulio  
 Guinan, Danielle Elizabeth  
 Gupta, Vivek Kumar  
 Hamilton, Lisa  
 Hassan, Muneer Najj  
 Hassan, Yusuf  
 Hatcher-Martin, Jaime  
 Michelle  
 Henninger, Camille Ann  
 Ho, Michael Nai Kong  
 Hodayuni, Ali Reza  
 Honarpisheh, Hedieh  
 Hu, Huankai  
 Hunt, Justin Bailey  
 Jagannath, Priyanka  
 Jain, Swapna  
 Jasser, Joseph  
 Johnson, Anthony Jamaal  
 Johnson, Dallas Wayne  
 Johnson, Kyle Eric  
 Jones, Christopher James  
 Jones-Bourne, Claudine  
 Elaine

### K - L

Kamanu Elias, Nnemdi  
 Katzman, Daniel Ari  
 Keeperman, Jacob Brian  
 Khan, Mohammad Akhtar  
 Khan, Salman  
 Khandhar, Anuj Jayant

Kinsey, Ronald Clifford  
 Korabathina, Kalyani  
 Kotapothula, Surekha  
 Venkata  
 Kramer, Wayne Brian  
 Kulling, David Lee  
 Kurjatko, Alexander Neal  
 Kusmic, Damir  
 Lacovara, Meghan Eileen  
 Lamb, Jason Jay  
 Larin, Sergiy  
 Lee, Sang Hoon  
 Leonor, Daniel Nathan  
 Liaqat, Khurram  
 Lindsay, Kelly Elizabeth  
 Littles Jr., James Frederick  
 Liu, Ruosi  
 Loganathan, Muruga Anand  
 Loke, Monica Wei-funn  
 Long, Bradley Thomas  
 Lopez Garcia, Julian David  
 Lopez Solis, Roberto Carlos

### M - O

Majmundar, Chinmay Sarvottam  
 Makkapati, Swetha  
 Manikat, Richie Varghese  
 Marshall, Eric Cornelius  
 Martin, Janelle Marie  
 Martino, Michael Louis  
 McNealy, Leon Browning  
 McQuillen, Kourtne Roxanne  
 Metcalf, John Stevenson  
 Meyer, Keith Douglas  
 Meyers, Dustin Jeffrey  
 Miller, Lumei

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## New Licensees *(continued from page 11)*

Miller, Daniel James  
 Miller, Eric Tyler  
 Mills, Christopher Neal  
 Mirau, Daniel Mark  
 Moffett, Natalie Ann  
 Mohamed, Nada Mohamed  
 Mohammed, Richard Shameed  
 Morgan, Michael Brandon  
 Morley, David Matthew Yellin  
 Morton Jr., Terrence Dewitt  
 Muller, Robin Elaine  
 Munie, Semeret Tadios  
 Murali, Janani  
 Murphy, Dale Patterson  
 Myers, Christopher Blake  
 Nadra, Omar  
 Nasery, Sonia  
 Nasir, Irfan  
 Nenow, Mark Charles  
 Newsom, Eric Lloyd  
 Ngesina, Chizoba Ozoemena  
 Nickasch, Michael Stephen  
 Nunev, Dinyo Mitkov  
 Okoro, Kelechukwu Uzoma  
 Oussayef, Melynda Barnes

### P - Q

Parker, Brittany Lorraine-Smith  
 Parrish, Dan Webster  
 Patadji, Stell Darelle  
 Patel, Vishal Anil  
 Patel, Premkumar  
 Chandrakantbhai  
 Pathak, Anjali Kishor  
 Paul, Dillon William  
 Perala, Norman Reid  
 Petrova, Ana  
 Pilkerton, Courtney Susanne  
 Plant, Valerie Magdalena  
 Pons, Paula  
 Popa, Vasile Nicolae  
 Powell, Douglas Frederic

Priyanka,  
 Pucharich, Frances J.  
 Pumariega, Nicole Marie  
 Qiu, Xiaoliang

### R - S

Radfar, Arash  
 Rahman, Khawaja Yassir  
 Ramos, Alberto Rafael  
 Ravindranath, Divy  
 Reddy, Shalini Rohini  
 Redwood, Stanley Mark  
 Reza, Erona  
 Rivera, Rowena Engracia  
 Foronda  
 Rizvi, Saher Hameed  
 Roberts, Caroline Giorgiana  
 Phippen  
 Roberts, Jasmine Moon  
 Robinson-Parks, Asha Zakiya  
 Rojas, Edward Eurice  
 Roshdy, Mazen Ahmed  
 Rouse, Elizabeth Aldrich  
 Rubin, Ashley Gale  
 Rubin, Robert David  
 Russell, Mary Louise  
 S'Doia, Samuel William  
 Sacknoff, Eric Jon  
 Sageman, William Scott  
 Samantray, Om  
 Samimi, Roxana  
 Sampram, Ellis Senanu Kojo  
 Sankar, Wael  
 Satti, Srinivasa Dinakar  
 Reddy  
 Schiebel, Frank Gerardo  
 Schretlen, Claire Frances  
 Scott, Paul Thomas  
 Shah, Samir Mahendra  
 Shah-Khan, Sardar Momin  
 Shakoora, Hasan  
 Singh, Neelima  
 Skaff, Paulina Rachelle

Smith, Kyle Buchanan  
 Smith, Charles Austin  
 Smith, Kelly Tung  
 Smolarz, Angela Jean  
 Sonnabend, Steven Brad  
 Spinelle, Daren  
 Spiotto, Ernest Anthony  
 Spitz, Daniel Lewis  
 St. Martin, Dacelin  
 Stauber, Ziva Yiserala  
 Stawovy, Lauren Elizabeth  
 Stefancic, Richard Steven  
 Sullivan, Brendan James  
 Sun, Lili Jie  
 Sunyecz, John Alexander  
 Syed, Moinuddin  
 Talwalkar, Vishwas Ramesh  
 Taufeeq, Maryam  
 Tecson-Miguel, Amelia  
 Cabiad  
 Tenglin, Richard Charles  
 Thomas, Aaron Clayton  
 Turnbo, James Kyle

### T - Z

Valentine, Kimberly Lee  
 Ventura, Jose Antonio  
 Verma, Vivek  
 Villanueva Jr., Israel  
 Voladri, Tejaswi Reddy  
 Vu, Phong Thanh  
 Wall, Andrew Kenneth  
 Walsh, Thomas Francis  
 Webb, Meredith Marlinda  
 Webb, Jennifer Lee  
 Weilke, Florian Wolfgang  
 Anton  
 Weis, Melissa Nicole  
 Welch, Sonia Veronica  
 West, Robert Frank  
 Whatley, Nicole Lia  
 Wilson, Laurie Suzanne  
 Wilson, Christine Brodich

Wilson, Brandon Daniel  
 Wornyo, James Dotse Yaw  
 Wu, Timothy  
 Yaratha, Gokul  
 Yazhbin, Alex  
 Young, Thomas Howard  
 Young, Thomas William  
 Yung, Marco Yat Hang  
 Zagula, Edward Michael  
 Zalzal, Sajad  
 Zatezalo, Jennifer Jovanka  
 Zenooz, Navid Aliyari  
 Zhao, Changqing  
 Zhao, Jun  
 Zinn, Nicholas Martin

## IMLC LICENSEES

### A - R

Ahmad, Hamad  
 Al Solaiman, Firas  
 Bibighaus, Michael Richard  
 Bond, Allyn Harris  
 Braga, Christopher Cabral  
 Carter, Jennifer Marissa  
 Carter, Courtney Cecile  
 Chang, Tina Yin  
 Chitti, Ramanamoorthy Venkata  
 Cunningham, Andrew Thomas  
 Dall-Winther, Kristen Marjorie  
 DeRouen, Erkedal Lacherish  
 Dunsmoor-Su, Rebecca Frances  
 Eckrich, Sheila Ann  
 El Minaoui, Wael Khaled  
 Emami, Reza  
 Eton, Darwin  
 Figg, Jonathan Andrew  
 Gratias, Eric James  
 Gupta, Neetu  
 Holmsten, Walter Russell  
 Hunt, Brian Jay  
 Jacobus, Monica Anne

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## New Licensees *(continued from page 12)*

Jones, Frederick Arthur  
 Kapoor-Mohimen, Bonu  
 Karth, Peter Alan  
 Keliddari, Farhad  
 Khan, Iqtidar Ahmed  
 Kimball, Jason Paul  
 Kistner Jr., Robert Louis  
 Krishnan, Meghna  
 Lee, Thomas Ho  
 Louis, Joey Vinoj  
 Loveless, Scott Barclay  
 Mahmood, Mohammed Sarwar  
 Maldonado-Brem, Adriana Catalina  
 McKinney, Wallace Blake  
 Musser, David John  
 Nasrin, Mubina  
 Nichols, Joseph Scott  
 Nwabueze, Chinedu Nicholas  
 Obbehat, Mina Fatimah  
 Omar, Hesham Rashad  
 Prag, Ami  
 Purdy, Laura Ellen  
 Ravi, Fnu  
 Rey, Jonathan Manuel  
 Rosenberry, Clark Michael  
 Ross, Jaron Duane  
 Ross, Pamela Andrea  
 Rossi, Jennifer Katherine  
 Rowley-Herron, Jetuan Lisa  
 Roy, Anjali

### S - Z

Saremi, Adonis Siavash  
 Scarborough, Norman Avery  
 Selahi, Saman Ali  
 Shah, Shree Jayendra  
 Shariff, Zahra  
 Silva, Patricia  
 Snyder, Frank Chipman  
 Todd-Kellum, Tanja Lu  
 Wallace, Elron James

Watson, Kristi Ann  
 Webster, William Michael  
 Weyer, Janelle Lutzke  
 Wong, Sameerah A.  
 Yin, Yuming  
 Ziegler, Dean Wayne

### PODIATRIC PHYSICIANS

Harris III, Richard Chapman  
 Kuhn, Brigette Frances

### PHYSICIAN ASSISTANTS

#### A - C

Abbott, Elizabeth Gayle  
 Baker, Shelby Lynne  
 Barney, Kevin Christopher  
 Becca, Brenna Nicole  
 Bleecker, Jordan Alexander  
 Brewer, Jordan Ann

Brunetti, Anthony Paul  
 Cech, Shayla Alyce  
 Clark, Connor Matthew  
 Criswell, Kara Shae  
 Cullen, Kaitlynn Elizabeth

#### D - M

D'Etcheverry, Taylor Erin  
 Dantzler, Katelyn Maria  
 Drosky, Vincenzina Patricia  
 Eschbaugh, Ashley LaRae  
 Fijalkowski, Kristen Marie  
 Freeman, Ashley Elizabeth  
 Garcia, Megan Nicole  
 Gookin, Avery James  
 Hangsterfer, Nicole Marilyn  
 Haught, Ashley Danielle  
 Hohos, Katherine Elizabeth  
 Hultz, Autumn Marie  
 Jernigan, Kelly Elizabeth  
 Miller, Derek Michael  
 Miller, Samantha Taylor

Morris, Robert Benson

#### N - W

Naylor, Jade Nicole  
 Newson, Jessica Lynn  
 Nida, Taylor Elizabeth  
 Otworth, Adam Phillip  
 Ranzenbach, Edward A.  
 Robinson, Jordan Rachelle  
 Sanders, Victoria Ann  
 Seibert, David Gene  
 Semonco, Julia Lynn  
 Shultz, Mariah Janelle  
 Spatzer, Sarah Danielle  
 Stanley, Sahara Joelle  
 Sullivan, Leanna Nicole  
 Tasser, Nikolas David  
 Terry, Yusef Uriel  
 Vitez, David Philip  
 Walker, Kristen Renee  
 Winner, Katie Ann  
 Worthing, Seth Parker

## Annual Report Nears Completion

Board staff members are putting the finishing touches on the West Virginia Board of Medicine's 2019 Annual Report to the Legislature. The report, which covers the period from July 1, 2017 to June 30, 2019, will be posted in January on the Board's website at [www.wv-bom.wv.gov](http://www.wv-bom.wv.gov) under the Public dropdown menu.

There, under the "Annual Reports" tab, you also can find the Board's last three annual reports, as well as an Archive of annual reports dating back to 2010. Annual reports of all state agencies, including the Board of Medicine, can be found on the West Virginia Legislature's [website](#) as well.

As mandated by West Virginia Code, the annual report will include fiscal information, licensee statistics, complaint information and meeting minutes.

Board staff also will prepare a 2019 Annual Report Executive Summary, a practice initiated in 2018.

# Scam Alert

The U.S. Drug Enforcement Administration (DEA) warns health care practitioners about criminals posing as DEA special agents, DEA investigators or other law enforcement personnel as part of an international extortion scheme.

One such scheme involves criminals contacting doctors and pharmacists, alleging that they are the subject of an investigation and demanding money to clear up the matter or to avoid license suspension. In many cases, the impersonators instruct their victims to pay a “fine” via wire transfer to a designated location, usually overseas.

The scam attempts appear to be broadening, and the perpetrators also are posing as members of medical boards. In California, scammers posed as members of the Medical Board of California, telling victims their licenses could be suspended for illegal activity. The scammers’ telephone number appeared as the board’s telephone number. Isolated, but similar extortion attempts have occurred in West Virginia, with individuals impersonating board investigators mimicking the board’s

telephone number.

Impersonating a federal agent is a violation of federal law. No DEA agent will ever contact members of the public by telephone to demand money or any other form of payment. Likewise, the board will never contact physicians by telephone to demand money or any other form of payment, and it does not accept payment of fines over the telephone or via wire transfer.

If any such contact occurs, here are some steps you can take:

- Report the threat using the [DEA’s Extortion Scam Online Reporting form](#).
- If the scammer claims to be associated with the board, contact the West Virginia Board of Medicine at (304) 558-2921 or send an email to [wvbom@wv.gov](mailto:wvbom@wv.gov).
- Contact the West Virginia Attorney General’s Office at (304) 558-2021.
- Submit an online complaint with the Federal Communications Commission (FCC) using the [FCC’s Consumer Complaint form](#)

## West Virginia Board of Medicine Staff

Staff Member	Title	E-Mail Address	Ext.
Mark Spangler	Executive Director	<a href="mailto:Mark.A.Spangler@wv.gov">Mark.A.Spangler@wv.gov</a>	70005
Jamie Alley	Deputy Director / General Counsel	<a href="mailto:Jamie.S.Alley@wv.gov">Jamie.S.Alley@wv.gov</a>	70009
Valerie Anderson	PA Licensure Analyst	<a href="mailto:Valerie.S.Anderson@wv.gov">Valerie.S.Anderson@wv.gov</a>	70002
Greg Foster	Board Attorney	<a href="mailto:Greg.S.Foster@wv.gov">Greg.S.Foster@wv.gov</a>	70017
Jamie Frame	Executive Administrative Assistant	<a href="mailto:Jamie.C.Frame@wv.gov">Jamie.C.Frame@wv.gov</a>	70001
Joseph Lewis	Paralegal	<a href="mailto:Joseph.A.Lewis@wv.gov">Joseph.A.Lewis@wv.gov</a>	70000
Thomas M. McCall	Receptionist / Administrative Assist.	<a href="mailto:Thomas.M.McCall@wv.gov">Thomas.M.McCall@wv.gov</a>	70004
Patrick Muncie	Investigator	<a href="mailto:Patrick.A.Muncie@wv.gov">Patrick.A.Muncie@wv.gov</a>	70015
Angela Scholl	Licensure Analyst (Last Names A-L)	<a href="mailto:Angela.M.Scholl@wv.gov">Angela.M.Scholl@wv.gov</a>	70007
Deborah Scott	Fiscal Officer	<a href="mailto:Deb.D.Scott@wv.gov">Deb.D.Scott@wv.gov</a>	70010
John (Brad) Smith	Complaints Coordinator	<a href="mailto:John.B.Smith@wv.gov">John.B.Smith@wv.gov</a>	70008
Sheree Thompson	Supervisor / Licensing, Certifications & Renewals Division	<a href="mailto:Sheree.J.Thompson@wv.gov">Sheree.J.Thompson@wv.gov</a>	70011
Leslie Thornton	Supervisor / Investigation, Complaints & Compliance Division	<a href="mailto:Leslie.A.Thornton@wv.gov">Leslie.A.Thornton@wv.gov</a>	70003
Carmella Walker	Licensure Analyst (Last Names M-Z)	<a href="mailto:Carmella.L.Walker@wv.gov">Carmella.L.Walker@wv.gov</a>	70021
Andrew Wessels	Director Intragovernment Relations	<a href="mailto:Andrew.R.Wessels@wv.gov">Andrew.R.Wessels@wv.gov</a>	70013
Scott Wilkinson	Information Systems Coordinator	<a href="mailto:Scott.A.Wilkinson@wv.gov">Scott.A.Wilkinson@wv.gov</a>	70006

# IMLCC Continues Growth

The Interstate Medical Licensure Compact Commission provides an expedited pathway to licensure for physicians who want to practice in multiple states.

According to data presented during a national IMLCC meeting in November, participating states and territories have pro-

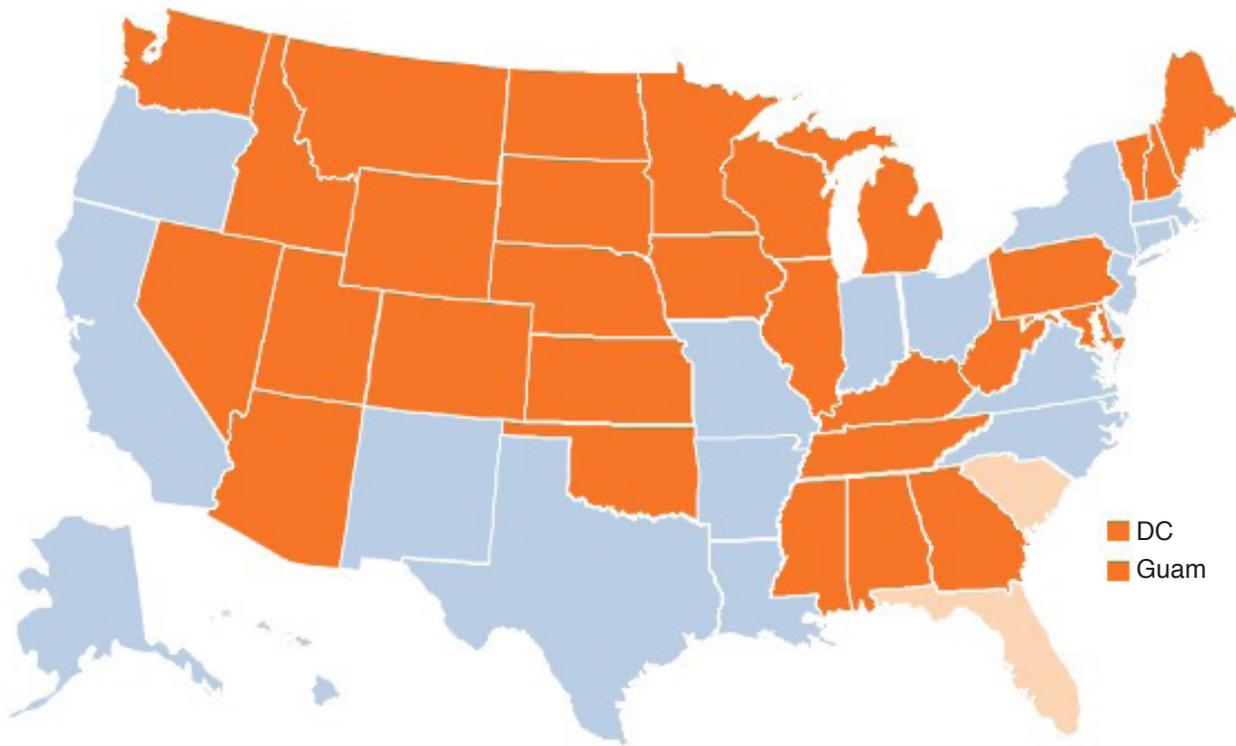
cessed 3,145 applications to date. In addition, 3,809 licenses have been issued and 2,832 licenses previously issued have been renewed.

In West Virginia, the Board of Medicine has issued 228 IMLCC licenses and 40 letters of qualification as of Dec. 1.

In all, 29 states as well as

the territory of Guam and the District of Columbia are part of the IMLCC. States with pending legislation include Florida and South Carolina. All participants maintain state-based medical regulation.

For information about the IMLCC, visit [www.imalcc.org](http://www.imalcc.org).



## Contact Information

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

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

[Licensee Change of Contact Information](#)

# Board Outreach Continues

Executive Director Mark A. Spangler traveled to Morgantown on Nov. 8 to lead a presentation to the West Virginia Society of Healthcare Risk Managers and the West Virginia Association of Medical Staff Services Professionals regarding “Hospital Practice Notifications for Physician Assistants.” The presentation took place at Mon General Hospital.

Spangler spoke to these same groups two years ago regarding changes to the Physician Assistants Practice Act (PAPA). This time around, PAPA changes were the result of Senate Bill 668, passed by the Legislature during the 2019 session, which authorizes physician assistants (PAs) to practice in a hospital setting in collaboration with multiple physicians after filing a Practice Notifica-

tion with the Board of Medicine and/or the Board of Osteopathic Medicine. This change streamlines processes for hospitals and gives broader discretion for a PA’s scope of practice to be determined at the practice level in hospitals. Practice agreements still are required in non-hospital settings.

- The Board of Medicine has made three other major presentations in 2019, including:
- To Administrators in Medicine’s inaugural meeting for medical licensure coordinators in July, regarding “Medical Licensing: Learning the Lingo, by Spangler and Sheree J. Thompson, supervisor of the Licensing, Certifications & Renewals Division;
- To the American Association of Physicians of Indian

Origin, Business of Medicine Symposium in July, regarding “Physician Licensure: The Dos and Don’ts,” by Board President Kishore K. Challa, MD; and,

- To the West Virginia Association of Physician Assistants annual meeting in April, regarding “Medical Regulation, Licensure and Discipline in West Virginia,” by Spangler.

These examples of public outreach tie into the Board’s strategic goals and objectives, continuing to build our relationships with other health care-related boards and associations. To request a Board of Medicine speaker, please visit our website to fill out and return the appropriate [form](#).

## Upcoming CME Audit

W. Va. Code R. 11-6-5.2. authorizes the Board of Medicine to “conduct audits and investigations as it considers necessary to assure compliance with continuing education requirements and to verify the accuracy of a renewal applicant’s certification of continuing education.”

In just a few weeks, the Board will conduct its annual

CME audit. Licensees who renewed their license in 2019 attested that they successfully completed all continuing education requirements for the CME cycle of July 1, 2017 through June 30, 2019.

Licensees who are randomly selected to participate in the CME compliance audit are required to submit written docu-

mentation which supports their renewal attestation within 30 days of audit notification. Please see the Board’s website for additional information concerning CME requirements for [medical doctors](#), [podiatric physicians](#) and [physician assistants](#).