



GEORGIA COMPOSITE MEDICAL BOARD

NEWSLETTER

JANUARY 2011

ALEXANDER GROSS, MD, CHAIRPERSON

LASHARN HUGHES, MBA, EXECUTIVE DIRECTOR

THE BOARD WELCOMES NEW BOARD MEMBER

On May 12, 2010, Governor Perdue appointed Rhonda Kunes to the Medical Board to fill the new consumer position created by the Georgia Assembly in the 2009 Legislative Session. Governor Perdue recently appointed William S. Sightler, D.O., to serve on the Board. The Board thanks Dr. M. Vinayak Kamath and Dr. William A. Woolery for their faithful service to the Board.

BOARD INCREASES FEES

The Georgia Composite Medical Board announced an increase to the fees charged for license applications and other administrative services on July 1, 2010. The fee increases came amidst the budget shortfalls that have plagued the State of Georgia since 2008. The Board took this step reluctantly after making budget cuts through employee furloughs, staff attrition and other daily operating expenses, but was still being asked for additional funds by the General Assembly. The fees charged for the licensing of our applicants go directly into the State's general fund and are not part of the Board's day-to-day operating budget. The Board found itself in the position of either cutting services to the citizens of Georgia or increasing fees to supplement the amount of budget dollars required to be contributed to the State's general fund. The Board had not raised fees since becoming an independent agency in 1999, and its fees remain among the lowest in the United States. A list of our fees can be viewed at the Board's website at www.medicalboard.georgia.gov. All licensing fees are passed directly to the State Treasury.

GEORGIA COMPOSITE MEDICAL BOARD OFFERS WALL CERTIFICATES TO LICENSE HOLDERS

If you were recently licensed and have not yet ordered your decorative wall certificate, take a moment now to do it. To order your wall certificate or certificates, please submit the appropriate order form, which can be found at our website at www.medicalboard.georgia.gov, with a check or money order made payable to the Board.



IN THIS ISSUE

- Keep Your Information Current with the Board..... 2
- Peer Reviewer Search..... 2
- Online Applications and Complaints.....2
- How to Become a Dispensing Physician.....2
- NEW DEA Rule on Electronic Prescriptions.....3
- Influenza Vaccine Protocol Alert.....3
- New Legislation: Professional Health Program....4
- Recruiting New Advisory Committee Members.....4
- Did You Know?.....4
- Frequently Asked Questions.....4-5
- Medical Records Retention.....5
- Pill Mills: What Are They And Why Be Concerned.....6-7
- Rules Change Mailing List.....8
- Valid Prescriptions.....8
- Women's Right to Know.....8
- Board Disciplinary Actions.....9-10
- Physician Assistant Advisory Committee.....11
- Board Meeting Dates.....12
- Contact Information.....12
- Active Licenses.....12
- GCMB Board Members.....12
- GCMB Management Staff.....12

KEEP YOUR INFORMATION CURRENT WITH THE BOARD

Sixty (60) days before your license expiration, the Board sends a **courtesy reminder** to your address of record, noting the date(s) to renew your license. Each month, many of these notices are returned to us because the licensee's address has changed. As a result, your license could expire or lapse and have to be reinstated. Many reinstatements result in a public consent order with a fine and a reprimand for practicing without a license. Please keep the Board informed of your correct address. You can view and confirm your address at the Board's website at www.medicalboard.georgia.gov. If you need to change your address you may do so at any time using our online system, or you may fax your information to the Board office at (404) 656-9723.

PEER REVIEWER SEARCH

We are in search of Physician Peer Reviewers to assist in our investigative review process. If you would like to participate in this important work, we need you, especially in the specialties of internal medicine, OB/GYN, internal medicine with pain focus and pain management.

To become part of our approved Peer Reviewer list, simply mail us a copy of your current CV and include a letter that describes your practice, your specialty and your certifications. If you already work for us as a Peer Reviewer and would like to remain on our approved list, please submit a current CV. You must have a current, unrestricted license to practice in Georgia.

**Georgia Composite Medical Board
Medical Board Peer Review Search
2 Peachtree Street, NW 36th Floor
Atlanta, GA 30303**

ONLINE APPLICATIONS AND COMPLAINTS

The Board is excited about the success of our online application system, which was implemented in December 2008. This system is secure and full-featured, offering applicants and licensees the ability to log in with a secure user ID and password to apply for and maintain almost any aspect of their license and/or application. If you renewed online after December 2008, you have probably used our online system.

If you need assistance with our online license application and renewal system we have a full compliment of knowledgeable staff ready to take your call or email message. If your call goes to voicemail, please be assured that we will call you back to help you resolve any issues you encounter. Our online application contact numbers are 404-463-8902, 404-651-7854 or 404-657-6490 and email contacts are: LEGateway@dch.ga.gov, pwhite@dch.ga.gov or matkinson@dch.ga.gov. If you encounter a service problem, please email Robert Jeffery, the Board's Director of Operations, directly at rjeffery@dch.ga.gov.

HOW TO BECOME A DISPENSING PHYSICIAN

State law allows physicians to dispense pharmaceuticals (in addition to samples) from their office only after notifying the Georgia Composite Medical Board in writing of their intent to act as a dispensing physician. This notification may be made by letter to the Board, or may be noted on the renewal of license form. Once this notification is received by the Board, a copy is kept on file in our office and a copy is forwarded to the Georgia Pharmacy Board. The Pharmacy Board keeps a copy and sends an additional copy to the Georgia Drugs and Narcotics Agency (GDNA), the agency that enforces the pharmacy law. The GDNA notifies the Agent in the appropriate territory of the state which physicians in their territory have dispensing authority.

NEW DEA RULE ON ELECTRONIC PRESCRIPTIONS FOR CONTROLLED SUBSTANCES

An interim rule allowing electronic prescribing of all controlled substances went into effect June 1, 2010. A practitioner will be able to issue electronic controlled substance prescriptions only when the electronic prescription application the practitioner is using complies with the requirements of the interim final rule. For more information visit the DEA website at www.deadiversion.usdoj.gov.

Georgia Medicaid FFS Tamper Resistant Prescription Pad (TRPP)- Prescriber Update

On October 1, 2008, the Centers for Medicare and Medicaid Services (CMS) tamper-resistant prescription law took effect, requiring that all handwritten and/or computer-generated (by an electronic medical record (EMR) or ePrescribing applications) printed prescriptions for fee-for-service Medicaid patients contain at least one industry recognized feature from each of the three categories of tamper resistance.

The Georgia Department of Community Health (DCH) Office of the Inspector General Program Integrity division is required to enforce this federal requirement. Any payment made for a prescription that does not comply with this requirement will be recouped by the Department. The Center for Medicare and Medicaid Services (CMS) strongly supports both e-prescribing and the use of tamper-resistant prescription pads as methods to reduce instances of unauthorized, improperly altered, and counterfeit prescriptions.

| Required tamper-resistant characteristics include one or more industry-recognized features designed to: | | Examples include but are not limited to: |
|---|--|--|
| 1 | Prevent unauthorized copying of a completed or blank prescription form | <ul style="list-style-type: none"> ● High security watermark on reverse side of blank ● Thermo-chromic ink technology ● Photocopied prescription blanks show the word "Copy," "Illegal," or "Void." |
| 2 | Prevent erasure or modification of information written on the prescription by the prescriber | <ul style="list-style-type: none"> ● Tamper-resistant background ink shows erasures or attempts to change written information |
| 3 | Prevent the use of counterfeit prescription forms | <ul style="list-style-type: none"> ● Duplicate or triplicate blanks |

INFLUENZA VACCINE PROTOCOL ALERT

As of this date, the Medical Board has received only a few new or renewed influenza vaccine protocols. If you are utilizing a protocol, please review it and make sure it is in-date and up-to-date. Please get in touch with the Medical Board as soon as possible if you need to have a protocol approved or renewed.

Please understand and be aware of the following:

A protocol between a pharmacist and a physician has to be renewed every 2 years or when there is a change in physicians or parties, whichever comes first. O.C.G.A. Section 43-34-26.1(d)(9) provides that the protocol must "be renewed and if necessary, revised or updated biennially by the physician and the pharmacist or nurse. An influenza vaccine protocol agreement that is not renewed biennially shall expire."

Also, be aware of the protocol outline in the Medical Board Practice Act, O.C.G.A. Section 43-34-26.1, which provides:

(l) The board shall have the authority to promulgate rules and regulations governing a physician who is a party to an influenza vaccine protocol agreement in order to carry out the intent and purposes of this Code section. Further, the board shall:

- (1) Require that the influenza vaccine protocol agreement be filed by the physician with the board and be made available by the board for public inspection; and
- (2) Promulgate by rule an approved standard protocol template that may be utilized as an influenza vaccine protocol agreement and make such template available on the board's website.

Further, the Medical Board rule requires: 360-11-.05 Filing of Influenza Vaccine Agreements With the Board. The influenza vaccine protocol agreement must be filed with the Board within thirty (30) days of its execution.

C. Richard 'Rick' Allen, R.Ph.
Director
Georgia Drugs and Narcotics Agency
40 Pryor Street, SW - Suite 2000
Atlanta, Georgia 30303

New Legislation—Professional Health Program (PHP)

On May 28, 2010, the Governor signed Senate Bill 252 to establish a professional health program to provide for monitoring and rehabilitation of impaired healthcare professionals; to authorize the board to enter into a contract with an entity to conduct such program; to provide for definitions; to provide for transfer and confidentiality of information; to provide for immunity; to provide for related matters; to repeal conflicting laws; and for other purposes. More information concerning the PHP program will be forthcoming.

RECRUITING NEW ADVISORY COMMITTEE MEMBERS

If you are interested in serving on any of the following advisory committees, please send your resume, along with three (3) reference letters, to Robert Jeffery, at rjeffery@dch.ga.gov or to the Board's mailing address.

- Perfusion Committee
- Respiratory Care Committee
- Orthotics and Prosthetics Committee

There is no monetary compensation to serve on these committees, but you will be involved in shaping policy for your profession.

DID YOU KNOW?

- You can find our Pain Management guidelines by visiting www.medicalboard.georgia.gov
- You can return your Opioid Prescribing Booklet survey to our Board office.
- The Board is currently developing Office Based Surgery Guidelines. Watch the Board's website for updates.

FREQUENTLY ASKED QUESTIONS

1. **Can a physician delegate prescriptive authority to an APRN and supervise a Physician Assistant the same time? If yes, what is the limit for each?**

YES. The maximum number is determined individually by each type of mid-level practitioner. A physician could have up to eight (8) mid-level practitioners (4 APRN's and 4 PA's) at one time. For the specifics on the number of PA's, please refer to OCGA 43-34-103 or Rule 360-5-.07.

2. **Does the protocol agreement have to be reviewed annually? Does it need to be submitted to the Board annually?**

YES. On an annual basis, the protocol agreement must be reviewed and revised (if necessary) by the delegating physician and the APRN, including being signed and dated. This annual updated protocol agreement is NOT submitted to the Medical Board, regardless of any changes. The agreement is retained at the practice location. If the Board requests the updated protocol from the delegating physician it is the physician's responsibility to submit the protocol agreement to the Board. If **additional procedures** are being added to the protocol agreement during the annual update, **Form C must be resubmitted to the Board, along with the documentation of the training for the new procedures.**

3. **Can Medical Assistants be licensed by the Board?**

No

4. **What duties can a Medical Assistant perform?**

A physician may delegate the performance of certain medical tasks to an unlicensed person with appropriate supervision as provided herein.

FREQUENTLY ASKED QUESTIONS (con't)

4. What duties can a Medical Assistant perform? (con't)

A physician may delegate to a medical assistant the following medical tasks: subcutaneous and intramuscular injections; obtaining vital signs; administering nebulizer treatments; or removing sutures and changing dressings. **Physicians must be on-site for a medical assistant to administer subcutaneous and intramuscular injections**, to administer nebulizer treatments, and to remove sutures and change dressings. It is not required for a physician to be on-site for a medical assistant to obtain vital signs. Physician shall only allow medical assistants to provide services for which they have been properly trained. Physicians shall maintain accurate and complete records of professional services rendered. Nothing in the Board's rules prohibits the performance of tasks by medical assistants that would not otherwise require a license

5. Can I use a rubber stamp for my signature on medical records?

NO. Physicians must personally sign medical records.

6. Is dry needling considering the practice of acupuncture?

YES. You must be licensed to practice acupuncture or as a physician to perform this modality.

7. Is it true that you cannot practice after the expiration of your license (this includes prescribing)?

YES. Each license identification card has an expiration date, once that date has passed you **are not permitted** to practice because you no longer have a active license to practice in Georgia.

8. Can you use an alias for patients who may want their names to remain confidential?

NO. The medical record must be accurate.

Medical Records Retention

RECORDS RETENTION

A physician shall be required to maintain a patient's complete treatment records for a period of no less than 10 years from the patient's last office visit.

RETIRED PHYSICIANS AND/OR PHYSICIANS WHO SELL OR CLOSE THEIR PRACTICE

The requirements of this rule shall not apply to a physician who has retired from or sold his or her medical practice if:

1. such physician has notified his or her patients of retirement from or sale of practice by mail, at the last known address of his or her patients, offering to provide the patient's records or copies thereof to another provider of the patient's choice and, if the patient so requests, to the patient;
2. has caused to be published, in the newspaper of greatest circulation in each county in which the physician practices or practiced and in a local newspaper that serves the immediate practice area, a notice which shall contain the date of such retirement or sale that offers to provide the patient's records or copies thereof to another provider of the patient's choice, and if the patient so requests, to the patient; and
3. has placed in a conspicuous location in or on the façade of the physician's office, a sign announcing said retirement or sale of the practice. The sign shall be placed 30 days prior to retirement or the sale of the practice and shall remain until the date of retirement or sale.
4. Both the notice and sign required by Rule 360-3-.02(16)(c) shall advise the physician's patients of their opportunity to transfer or receive their records.

(c) The period specified in this rule may be less than the length of time necessary for a physician to protect himself or herself against other adverse actions. Therefore, physicians may wish to seek advice from private counsel or their malpractice insurance carrier.

PILL MILLS: WHAT ARE THEY AND WHY BE CONCERNED?

Over the past few years, Georgia has been experiencing a growing concern in the medical community—the “pill mill” operating as a “pain clinic.” In 2008, the Georgia Bureau of Investigation Crime Lab performed 3,000 autopsies. Six hundred thirty (630) of those deaths were drug-related. Of those, 520 were prescription drug-related.

It should be noted and made very clear that the Georgia Composite Medical Board recognizes that there are many outstanding and legitimate pain management providers and clinics that do incredible work with patients who have legitimate pain. The Board remains very sensitive to the need for legitimate patients suffering in pain to receive the care they need. The “pill mill” as discussed here has certain characteristics that one typically does not see associated with a legitimate pain management practice. Some of these characteristics are:

- ◆The physician has minimal to no training in pain management.
- ◆Cursory or no patient exam given
- ◆Large volume of patients seen daily (100 +)
- ◆Patients drive long distances, often from other states.
- ◆In many cases, patients carpool
- ◆Clinic owners are not health care providers and have no medical training and are typically from another state (some clinic owners are unscrupulous and have shady backgrounds).
- ◆Clinic is run on a cash-only basis
- ◆Same prescription “cocktail” is prescribed for each patient
- ◆Drugs are dispensed onsite (patient pays for office visit then pays for the drugs)
- ◆Security guards are employed by the clinic.
- ◆Clinics advertise in small papers and Craigslist.
- ◆All patient MRIs come from the same imaging facility.
- ◆The clinics are set up to make large sums of money.
- ◆Unscrupulous clinic owners convince the physician that the clinic is operating legally.
- ◆Unscrupulous clinic owners will often hire outside consulting firms unfamiliar with Georgia law.

In an effort to reduce the escalating problem of prescription drug abuse, forty three states have passed legislation and implemented prescription monitoring programs (PMP). These programs monitor the prescribing and dispensing of controlled substances and provide vital information to medical practitioners and other stakeholders to help reduce the epidemic of prescription drug abuse.

In the southeastern United States, the states of Alabama, Florida, Mississippi, Tennessee, South Carolina, North Carolina, and Kentucky have a PMP. Georgia has become an “island” state with no PMP and is now a safe haven for drug-seeking individuals, unscrupulous “clinic” owners/entrepreneurs, and unscrupulous prescribers. They know their unprofessional and often illegal activities will go undetected longer than they would in the PMP states. Georgia has recently seen a large influx of non-physician clinic owners relocate from Florida to Georgia because of Florida’s recent passage of a PMP law.

The Georgia Composite Medical Board is very concerned about this and is devoting much of its investigative resources to fight this new trend. The Board has developed the [Georgia Pain Management Guidelines](#), which can be viewed on the Board’s website www.medicalboard.georgia.gov. The Board encourages all physicians and physician assistants to review this material, as well as the Board’s laws and rules, also on the website. Throughout the course of several investigations many consistencies have been observed and can serve as “red flags” for medical providers to alert them that the patient may not have a legitimate pain issue but are instead seeking narcotics for illegitimate reasons. **(It should be noted however, that any “red flag” does not necessarily mean that the patient is a drug-seeker).** Some of the “red flags” are:

PILL MILLS: WHAT ARE THEY AND WHY BE CONCERNED? (con't)

- ◆The patient is from another state.
- ◆The patient requests a specific drug.
- ◆The patient states that an alternative drug does not work.
- ◆The patient states that their previous physician closed their practice.
- ◆Prior treatment records cannot be obtained.
- ◆The patient cannot afford an MRI.
- ◆The patient presents to the appointment with an MRI.
- ◆The patient presents to the appointment with pharmacy profile in hand.
- ◆The patient(s) carpool.
- ◆The patient tests positive for illegal drugs.
- ◆Drug screen reveals no prescribed medications in the patient's system
- ◆The patient recites textbook symptoms.
- ◆The patient pays in cash only, no insurance.
- ◆The patient calls for early refills.
- ◆The patient's pain level remains the same.
- ◆The patient is non-compliant with the physician's treatment plan.
- ◆Prescriptions are routinely lost or stolen.

As the Board continues to develop rules and policies on pain management issues and grapple with the growing number of rogue "pain clinics," some suggestions for prescribers are offered:

- ◆Consider becoming board -certified in pain management, and acquire CME in the field.
- ◆Contact the Medical Board and request an onsite courtesy meeting with an agent.
- ◆Visit the Board's website and obtain a copy of the prescribing guidelines.
- ◆Become familiar with OCGA 16-13-41, the Georgia Controlled Substances Act.
- ◆Become familiar with OCGA Title 43, Chapter 34 – the Medical Practice Act.
- ◆Be cautious in relying on outside resources regarding questions concerning your license and prescribing.
- ◆**Before** dispensing medication at the clinic, make sure proper paperwork is on file with the Board.
- ◆**Before** using an on-site pharmacy, contact the Georgia Drugs and Narcotics Agency for an onsite audit and become familiar with the Georgia Pharmacy Practice Act as it pertains to dispensing physicians. GDNA may be contacted at (404) 656-5100.
- ◆**Before** utilizing mid-level practitioners, make sure protocols and required documents are on file with the Board.
- ◆Ensure that all staff is properly licensed with protocols on file, and the scope of authority is outlined.
- ◆Designate a location in the office for prescription pads to be stored, and keep prescription pads locked and secure.
- ◆Be cautious about operating on a cash-only basis.
- ◆Require patients to submit treatment records from previous providers.
- ◆Verify authenticity of MRI's and prior treatment records provided by patients.
- ◆Perform urine drug screens to ensure patients are taking the prescribed medications (clean drug screens may indicate diversion).
- ◆Require all patients to sign a pain contract utilizing one pharmacy.
- ◆Designate a staff member to be liaison with pharmacies.
- ◆Take ALL pharmacy calls verifying medication.
- ◆Post notices such as "no phone- ins for meds "or" after hours must go to ER"
- ◆Do not pre-sign prescriptions – doing so constitutes a felony violation of the GA Controlled Substances Act.
- ◆Do not post-date or mail prescriptions.

The Board sincerely hopes that this information is helpful to the many outstanding physicians and physician assistants practicing in Georgia. The Board is eager to assist and provide useful information to its licensees as we all work together to keep Georgia citizens safe.

Prepared by: Adrienne Baker, Principal Agent and Jeffrey Lane, Director of Investigations, Georgia Composite Medical Board.



RULES CHANGE MAILING LIST

With the passage of the Medical Practice Act in 2009, the Board has been updating all Board rules. Make sure you are included in this important process.

If you are interested in receiving email alerts regarding changes to the Board's rules, please send your email address to matkinson@dch.ga.gov. You will receive a copy of all proposed rules from the Board.

VALID PRESCRIPTIONS

It has come to the attention of the Georgia State Board of Pharmacy that some physicians assistants have been writing prescriptions for patients that fall into two categories: (1) for scheduled drugs for **they are not authorized by law to write**; or (2) on a prescription form that lacks the information required by law. When pharmacists receive these prescriptions, they **are not allowed to legally fill them**. Please refer to O.C.G.A. § 43-34-103 for the legal requirements of a prescription.

WOMEN'S RIGHT TO KNOW (WRTK) LAW

December 1, 2010

Dear Provider:

The Woman's Right to Know Act (WRTK), O.C.G.A. §31-9A-1 *et seq.*, requires physicians performing abortions in a licensed abortion facility to submit to the Department of Community Health (DCH), a copy of the reporting form described in O.C.G.A. §31-9A-6(a).

WRTK requires that, *inter alia*, pregnant women seeking an abortion are offered the opportunity to view an ultrasound and to hear the fetal heartbeat. Geographically-indexed information regarding the availability of free ultrasounds must also be made available. Additionally, you are required to report the number of females given the opportunity to view the fetal image and hear the fetal heartbeat, and of that number, the number who elected to view the sonogram and the number who elected to listen to the fetal heartbeat, if present. Reporting requirements are listed in O.C.G.A. §31-9A-6.

Physicians performing abortions under these laws must complete and submit the WRTK Annual Reporting Form on or before February 28 of every calendar year. The form may be accessed at <http://health.state.ga.us/wrtk/physicians.asp>. Physicians, who have not submitted the required reporting form within a grace period of 30 days following the due date, shall be subjected to a late fee of \$500.00 for that period, and the same fee for each additional 30 day period or portion thereof. DCH will report physicians who fail to comply with the WRTK requirements to the Georgia Composite Medical Board. The statutes referenced in this letter may be accessed at <http://www.legis.state.ga.us>.

If you have questions about the reporting requirements, please contact the Maternal and Child Health Program, Perinatal/Women's Health Unit at (404) 651-7691 or by e-mail at wrtkinfo@dhr.state.ga.us.

Sincerely,

Brian C. Castrucci, M.A.
Director, Maternal & Child Health Program

BCC/pw

Board Disciplinary Actions

The following is a report of public disciplinary actions from **January 1, 2010 through September 30, 2010**. These cases have been investigated and are now part of the public record. Although every effort is made to ensure that the information is correct, you should read the order in its entirety. The Board may include several provisions in an Order that are not summarized in this report. You may obtain a copy of public orders from our website at www.medicalboard.georgia.gov or by written request to the Board office for all professions identified in this newsletter.

| Profession | License # | Name | Date | Discipline |
|------------|-----------|------------------------------|-----------|------------------------------------|
| 1104 | 22788 | HOPKINS, CHARLES THOMAS | 1/7/2010 | FINE |
| 1104 | 62256 | MELDER, PATRICK | 1/7/2010 | FINE |
| 1104 | 43649 | HOFF-SULLIVAN, EMILY DEWITTE | 2/5/2010 | FINE |
| 1104 | 25398 | WASHINGTON, JOHN HENRY JR | 3/4/2010 | FINE |
| 1112 | 180 | MEDLIN, WILLIAM MATHEW | 3/4/2010 | FINE |
| 1104 | 31204 | BELL-TAYLOR, AVA PATRICE | 3/5/2010 | FINE |
| 1104 | 30227 | TAYLOR, ELDRED BERNARD | 3/5/2010 | FINE |
| 1104 | 29158 | COLE, JOHN PETER | 4/1/2010 | FINE |
| 1104 | 48063 | MC GEE, TRACY SCOTT | 7/1/2010 | FINE |
| 1104 | 49858 | LIN, EDWARD | 7/1/2010 | FINE |
| 1109 | 269 | CHOI, JIN HO | 7/1/2010 | Public Consent Order for Licensure |
| 1104 | 35932 | LEWIS, MARK ALLEN | 1/7/2010 | Public Reprimand |
| 1104 | 50078 | MILLER, LAWRENCE WHITFIELD | 1/7/2010 | Public Reprimand |
| 1104 | 18983 | BENTON, PATRICIA LEE | 4/1/2010 | Public Reprimand |
| 1104 | 32336 | JOHNSON, NATHANIEL II | 4/1/2010 | Public Reprimand |
| 1104 | 24831 | KERR, GEORGE STAFFORD | 5/7/2010 | Public Reprimand |
| 1104 | 21526 | INSLER, MICHAEL STEPHEN | 5/7/2010 | Public Reprimand |
| 1104 | 18498 | HOLLIS, DAN STEPHEN | 6/3/2010 | Public Reprimand |
| 1104 | 29945 | SCOTT, YVONNE MILLER | 7/1/2010 | Public Reprimand |
| 1104 | 49 | STUBBS, JIM D | 7/1/2010 | Public Reprimand |
| 1104 | 28826 | MORGAN, WILLIE EDWARD | 8/19/2010 | Public Reprimand |
| 1104 | 12214 | DAITCH, RONALD | 4/1/2010 | Public Practice Restriction |
| 1104 | 41219 | SLADKY, JOHN THOMAS | 3/4/2010 | Probation |
| 1104 | 41219 | SLADKY, JOHN THOMAS | 3/4/2010 | Probation |
| 1104 | 41351 | PRICE, RICHARD DANIEL | 4/1/2010 | Probation |
| 1104 | 10019 | BROWN, WILLIAM JR | 4/1/2010 | Probation |
| 1104 | 58580 | REED, JEFFREY SCOTT | 4/1/2010 | Probation |
| 1104 | 40283 | WILSON, BRUMMITTE DALE | 6/3/2010 | Probation |
| 1104 | 30630 | JORDAN, WILLIAM RICHIE | 6/4/2010 | Probation |
| 1104 | 53469 | LEVERT, FRANCIS EDWARD II | 6/4/2010 | Probation |
| 1104 | 30938 | ALMON, WILLIAM RICHARD | 6/4/2010 | Probation |
| 1104 | 39984 | WRIGHT, TERRILL MARK | 7/1/2010 | Probation |
| 1104 | 30062 | FOSTER, GREGORY ALLEN | 7/1/2010 | Probation |
| 1106 | 2226 | HORTON, WILLIAM JEFFREY | 8/5/2010 | Probation |
| 1104 | 7249 | MORGAN, DISKIN GILFORD | 8/5/2010 | Revocation |

Board Disciplinary Actions (con't)

The following is a report of public Board disciplinary actions from **January 1, 2010 through September 30, 2010**. These cases have been investigated and are now part of the public record. Although every effort is made to ensure that the information is correct, you should read the order in its entirety. The Board may include several provisions in an Order that are not summarized in this report. You may obtain a copy of public orders from our website at www.medicalboard.georgia.gov or by written request to the Board office for all professions identified in this newsletter.

| Profession | License # | Name | Date | Discipline |
|-------------------|------------------|----------------------------|-------------|----------------------------|
| 1104 | 21575 | RAMESH, KALLAMBELLA C | 1/7/2010 | Voluntary Surrender |
| 1104 | 23710 | POPE, SETH ALEX | 1/7/2010 | Voluntary Surrender |
| 1104 | 31490 | PUTMAN, PATRICIA MARIE | 2/5/2010 | Voluntary Surrender |
| 1101 | 2073 | WHITE, CLINTON MAURICE | 3/4/2010 | Voluntary Surrender |
| 1104 | 6659 | JACOBS, CECIL F | 5/6/2010 | Voluntary Surrender |
| 1106 | 7858 | CASE, ROBERT WAYNE | 5/7/2010 | Voluntary Surrender |
| 1104 | 48094 | URMUNDAL, MALLIK BASAVANNA | 6/3/2010 | Voluntary Surrender |
| 1104 | 51 | CHU, TEHCHING | 6/4/2010 | Voluntary Surrender |
| 1104 | 51294 | BARANWAL, AKHIL | 8/5/2010 | Voluntary Surrender |
| 1104 | 40088 | HALL, HUGH WOOD | 2/5/2010 | Suspension |
| 1106 | 5795 | DODD, STACEY MARGARET | 3/4/2010 | Suspension |
| 1104 | 62795 | WILLIAMS, ROBERT DAVIS | 3/16/2010 | Suspension |
| 1104 | 21665 | COUEY, REBECCA LYNN HUGHES | 3/25/2010 | Suspension |
| 1104 | 28696 | ULBRICH, PETER JOHN | 4/1/2010 | Suspension |
| 1104 | 38821 | JUNCO, ANTHONY JR | 4/1/2010 | Suspension |
| 1104 | 53264 | LEONARD, CHRISTOPHER JAMES | 4/1/2010 | Suspension |
| 1106 | 5575 | RODRIGUEZ, GRETCHEN | 4/8/2010 | Suspension |
| 1104 | 7249 | MORGAN, DISKIN GILFORD | 4/12/2010 | Suspension |
| 1104 | 52387 | TOOLSIE, RONALD | 5/3/2010 | Suspension |
| 1104 | 40088 | HALL, HUGH WOOD | 5/7/2010 | Suspension |
| 1104 | 38358 | SCHLEY, ROBERT SOMMERVILLE | 5/7/2010 | Suspension |
| 1104 | 25070 | WILLIAMS, WAYNE MARSHALL | 5/7/2010 | Suspension |
| 1104 | 38719 | CRAWFORD, EDWARD COLEMAN | 8/2/2010 | Suspension |
| 1104 | 29557 | WHITE, DOUGLAS RAY | 8/6/2010 | Suspension |
| 1104 | 44023 | MILLS, ANTHONY DWAYNE | 9/1/2010 | Suspension |
| 1104 | 48133 | ADAMS, MARK ALAN | 9/22/2010 | Suspension |

PHYSICIAN ASSISTANT ADVISORY COMMITTEE

Jean Sumner, MD, Committee Chair, Board Member

Kathy Kemle, PA-C, Ex-Officio Board Member

David Retterbush, MD, Board Member

Charmaine Faucher, PA-C

William Paulsen, AA

CarolAnne Redfearn, PA-C

Runnette Flowers, MD

The Physician Assistant (PA) Rules have been posted effective November 10, 2010. The rules will then be posted for 30 days for public comment and, if all goes well, will be promulgated by the Board in early 2011. In addition to incorporating the changes in the 2009 Medical Practice Act, they have been more clearly organized for easier reference by physician assistants and their supervisors. Carolanne Redfearn and Bill Paulsen took the lead on this project, and we all owe them a huge debt of gratitude. Watch the newsletter and GAPA website for updates as the Rules move forward to implementation.

Licensure and Add/Change Applications: Please remember that the Board cannot act on requests unless all materials are received in our office at least two weeks prior to the Board meeting. Each meeting takes place on the first Thursday or Friday of the month, unless a holiday interrupts the calendar. Check the Board website for meeting dates for the remainder of 2010 and 2011.

The Board occasionally encounters physician assistants who fail to complete an application or renew a license because the duty was given to another person, such as an office assistant or manager. Your license and practice as a physician assistant is YOUR responsibility. It is you and your supervising physician who will face disciplinary action, not the office personnel. Please protect one of your most precious possessions; your license and your livelihood by managing interactions with the Board yourself. Keep copies of all documents you send to us and those we send to you.

Additional Duties: What is an additional duty? There remains considerable confusion about what constitutes an additional duty. Basically, it is any clinical task you may perform OUTSIDE the physical presence of a supervising or alternate supervising physician, which carries a significant risk of morbidity or mortality for the patient and which is not usually learned during physician assistant training. SIMPLY BECAUSE THE TASK IS WITHIN THE SCOPE OF PRACTICE OF YOUR SUPERVISOR DOES NOT MEAN IT IS PART OF THE BASIC JOB DESCRIPTION.

Examples of additional duties include: exercise stress testing, colposcopy, endoscopic vein harvesting (if physician not physically present during procedure), placement of arterial lines, chest tube placement, and removal of intra-aortic balloon pumps. Examples of items which are NOT additional duties are: histories and physicals, first assist in surgery (because surgeon is present), IV insertion, simple laceration repair, and venipuncture.

When in doubt, contact Lynette Riddle, applications specialist at the Board. If she is unable to answer, she will forward your question to a member of the PA Advisory Committee.

Please also remember the requested duty must be within the scope of practice of your supervising physician and that approval is not transferable when you change positions.

We must have your completed additional duties form at least two weeks prior to the Board meeting. The form is available in the professional section of the Board's website. Make certain you have been performing the requested duty at least 3 months with direct physician supervision. It is useful, but not mandatory, to include a log of the procedures you have done under supervision. If you have been performing the requested duty with a prior supervisor, you must still apply with your new physician. Please reference your prior additional duties form and physician so we can easily verify your proficiency. You may NOT perform the task outside the presence of your supervising physician until it has been approved by the Board.

The Board does not want to limit your practice unnecessarily, but takes its responsibility to protect Georgia's citizens very seriously. It is rare for us to deny a duty when the form and supporting documentation are done correctly. Most denials are because the request is already part of the basic job description or there are insufficient numbers of procedures.

I am very proud of the excellent job that you, my colleagues, are doing in this state. You have won the respect of the Medical Board by your dedicated service to our citizens. Happy New Year!

Kathy Kemle, PA-C

GEORGIA COMPOSITE MEDICAL BOARD

2 Peachtree Street NW, 36th Floor, ♦ Atlanta, GA 30303-3465 ♦ Telephone: (404) 656-3913 ♦ Fax: (404) 656-9723
E-mail: medbd@dch.ga.gov ♦ web: www.medicalboard.georgia.gov
customer service: CSBMEcustsvc@dch.ga.gov

2011 BOARD MEETING DATES

FEBRUARY 3-4, 2011
MARCH 3-4, 2011
APRIL 1, 2011
MAY 5-6, 2011
JUNE 2-3, 2011
JUNE 30, 2011 (FOR JULY)
AUGUST 4-5, 2011
SEPTEMBER 1, 2011
OCTOBER 6-7, 2011
NOVEMBER 3-4, 2011
DECEMBER 1-2, 2011

CONTACT INFORMATION

| | |
|---------------------------------------|----------------|
| General Information | (404) 656-3913 |
| Board Secretary | (404) 657-6490 |
| Copies of Board Orders | (404) 657-6494 |
| License Verification | (404) 656-1725 |
| Complaints | (404) 463-8903 |
| Physician Assistant/ | (404) 657-6495 |
| RCP/Orthotist/Prosthetist | (404) 463-2292 |
| APRN/Acupuncture/ Resident Permits | (404) 463-5038 |
| Physician Licensure | |
| A-G | (404) 463-6162 |
| H-O | (404) 657-6491 |
| P-Z | (404) 656-7067 |
| Physician Profile Information | (404) 651-7854 |

ACTIVE LICENSEES AS OF 12/1/2010

| | |
|--------------------------------|--------|
| Physicians* | 30,558 |
| Physician Assistants | 3,125 |
| Respiratory Care Professionals | 4,894 |
| Acupuncturists | 206 |
| Perfusionists | 132 |
| Resident Physicians | 1,723 |
| Orthotists & Prosthetists** | 217 |

Numbers represent the total number of professionals currently holding an active Georgia license, by profession, as of December 1, 2010:

*Physicians include: Volunteer In Medicine, Institutional Physician, and Physician Teacher licenses. **Includes professionals who are Orthotists only, Prosthetists only and those who hold a dual license for O & P.

GCMB Board Members

Alexander S. Gross, MD, *Chairperson*, Atlanta
Charles White, DO, *Vice Chairperson*, Cleveland
William Butler, MD, Macon
Eddie Cheeks, MD, *Past Chairperson*, Augusta
Alice House, MD, Warner Robins
Kathy Kemle, PA-C (Ex Officio), Lizella
Kathy Kinlaw, MDiv, Consumer Member, Decatur

Rhonda Kunes, Consumer Member, Tifton
Marion O. Lee, Jr., MD, Cordele
Ted Perry, MD, *Immediate Past Chairperson*, White
David Retterbush, MD, Valdosta
William S. Sightler, DO, McRae
Roland S. Summers, MD, *Past Chairperson*, Savannah
Jean Sumner, MD, *Past Chairperson*, Wrightsville
Richard L. Weil, MD, Atlanta

GCMB Management Staff

LaSharn Hughes, MBA, Executive Director
Diane Atkinson, Administrative Assistant
Peter Ciejek, MD, Medical Consultant to the Board
Betsy Cohen, JD, Staff Attorney
Mary Harris, Financial Administrator

Robert Jeffery, MBA, Director of Operations
Jeffrey Lane, MS, Director of Investigations
Franchesca Virgil, Enforcement Supervisor
Phyllis White, Operations Analyst