



MEETING AGENDA: January 30 – February 2, 2017

Monday, January 30, 2017

Pain Management Clinic Committee	Teleconference	5:30 PM
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Tuesday, January 31, 2017

Cosmetic Laser Practitioner Committee	Teleconference	2:30 PM
Physician Assistant Committee	Teleconference	5:15 PM
Acupuncturist Committee	Teleconference	5:30 PM

Wednesday, February 1, 2017

Perfusionist Committee	Teleconference	7:00 AM
Orthotist & Prosthetist Committee	Teleconference	11:15 AM
Respiratory Care Committee	Teleconference	11:30 AM

Thursday, February 2, 2017

Call to Order	John Antalis, MD	7:30 AM
Approval of the Agenda and Minutes		
Board Chair’s Report	John Antalis, MD	
Executive Director’s Report	Bob Jeffery, MBA	
Legal/Enforcement Action Report	Karl Reimers	

Recess: Advisory Committee Meetings

Investigative Committee	Conference Room 1	9:00 AM
Physician Licensing Committee	Board Room	9:00 AM
Wellness Committee	Conference Room 2	9:00 AM
Physician Assistant Committee	Conference Room 1	11:00 AM
Nurse Protocol Committee	Conference Room 3	11:00 AM
Investigative Interviews	Conference Rooms	12:30 PM
Rules Committee	Board Room	1:30 PM

Reconvene: Committee Reports

Board Room

2:00 PM

Physician Licensing Committee	David Retterbush, MD
Nurse Protocol Committee	Keisha Callins, MD
Physician Assistant Committee	John Antalis, MD
Respiratory Care Committee	Joe Sam Robinson, MD
Orthotist & Prosthetist Committee	Ronnie Wallace, MBA
Pain Management Clinic Committee	Richard Weil, MD
Cosmetic Laser Practitioner Committee	Alexander Gross, MD
Acupuncturist Committee	John Downey, DO
Perfusionist Committee	David Retterbush, MD
Rules Committee	Alexander Gross, MD
Attorney General’s Report	Janet Wray, Esq.
Wellness Committee	Keisha Callins, MD
Investigative Committee	Jeff Marshall, MD
Investigative Interviews	

The next Board meeting is March 9, 2017 in Atlanta.

**Rules Committee Meeting Agenda
1:30 PM February 2, 2017**

**GCMB Board Room
2 Peachtree Street, NW 36th Floor**

Board Members:

Alexander Gross, MD (Chair)
John Antalis, MD
Keisha Callins, MD
Gretchen Collins, MD
E. Daniel DeLoach, MD
John Downey, DO
Charmaine Faucher, PA-C
Alice House, MD
J. Jeffery Marshall, MD
Krishna B. Mohan, MD
David Retterbush, MD
Joe Sam Robinson, MD
Ronald Wallace, MBA
Richard Weil, MD

Board Staff and Attorneys:

William Butler, MD, Medical Director
Briana Fry-Jones, Administrative Assistant
Bob Jeffery, MBA, Executive Director
Karl Reimers, Director, Investigations & Enforcement
Pat Sherman, Enforcement Manager
David Stubins, Assistant Attorney General
Delores Williams-McNeely, Assistant Attorney General
Janet Wray, Assistant Attorney General

ITEMS FOR CONSIDERATION

1. Proposed agenda for February 2, 2017.
2. January 2017 minutes.
3. Draft from Janet Wray: Proposed amendment to Rule 360-15-.01 to require Scope of Pain CME.
4. Draft from David Stubins: Standards for the Practice of Providing Specialized Intravenous Medications or Supplements.
5. Discussion: Truth in Advertising law (HB 1043; O.C.G.A. 43-34-22.1)

UPDATES

1. A public hearing on proposed amendments to Rule 360-3-.07 (to correct typographical error) has been scheduled for March 9, 2017.

**Rules Committee Minutes
January 5, 2017**

Board Members Present:	Board Staff and Attorneys Present:
Alexander Gross, MD (Chair) John Antalis, MD Keisha Callins, MD Gretchen Collins, MD E. Daniel DeLoach, MD John Downey, DO Charmaine Faucher, PA-C J. Jeffery Marshall, MD Krishna B. Mohan, MD David Retterbush, MD Ronald Wallace, MBA Richard Weil, MD	William Butler, MD, Medical Director Briana Fry-Jones, Administrative Assistant Bob Jeffery, MBA, Executive Director Karl Reimers, Director, Investigations & Enforcement Pat Sherman, Enforcement Manager David Stubins, Assistant Attorney General Janet Wray, Assistant Attorney General
Board Members Absent:	
Alice House, MD Joe Sam Robinson, MD	

1. Dr. Gross called the meeting to order at 1:50 PM.
2. Dr. Antalis offered a motion, seconded by Dr. Downey, to accept the proposed agenda of the January 2017 meeting. The motion carried unanimously.
3. Dr. Downey offered a motion, seconded by Mr. Wallace, to accept the minutes of the December 2016 meeting. The motion carried unanimously.
4. Mr. Wallace offered a motion, seconded by Dr. Retterbush, to post the proposed amendment to Rule 360-3-.07 for public comment. The motion carried unanimously.
5. Dr. Weil offered a motion, seconded by Dr. Callins, to send Rule 360-15-.01 to Ms. Wray for review and suggested revisions. The motion carried unanimously.
6. The Committee asked Mr. Stubins to make some changes to the draft standards for providing specialized intravenous medications/supplements for the Committee's consideration in February.
7. There being no further business before the Committee, Dr. Gross adjourned the meeting at 2:15 PM.

Rule 360-15-.01. Requirements for Physicians

- (1) Physicians licensed to practice medicine pursuant to O.C.G.A. 43-34-26 shall complete Board approved continuing education of not less than 40 hours biennially, with the following exceptions:
 - (a) Physicians enrolled in full time graduate medical education programs (residencies and fellowships) which are accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.
 - (b) Physicians who are initially licensed by the Board and who have not renewed their licenses for the first time.
 - (c) Physicians whose licenses are not active, such as those who are Inactive or Revoked. Physicians who are suspended or in some other way disciplined by the Board must meet the requirements unless otherwise stipulated by Board Order.
 - (d) Physicians who are retired, who have an active license, and who provide uncompensated health care services pursuant to Code Section [43-34-41](#); shall be required to complete 10 hours of Board approved continuing education biennially.
 - (e) Physicians specifically exempted from this requirement due to cases of hardship, disability, illness, service in the United States Congress, service in the Georgia General Assembly or military service, if supported by adequate documentation acceptable to the Board.
 1. Physicians seeking such an exemption must submit a written request and documentation to support their eligibility for such an exemption.
 2. Said request for an exemption should be submitted to the Board in a sufficient time period prior to the expiration of the license to receive a determination from the Board as to whether an exemption would be granted.
- (2) The Board accepts the following as meeting its requirement for Board approval:
 - (a) A.M.A. (American Medical Association) Category 1 credit;
 - (b) A.O.A. (American Osteopathic Association) Category 1 credit;
 - (c) A.A.F.P. (American Academy of Family Physicians) Prescribed credit;
 - (d) A.C.O.G. (American College of Obstetricians and Gynecologists) Cognates, Category 1;
 - (e) A.C.E.P. (American College of Emergency Physicians) Category 1.
 1. It is the responsibility of the licensee to verify approval with the source of the program, not with the Board, and the licensee should verify approval before taking the course.
- (3) Physicians who do not hold a certification in pain management or palliative medicine, and whose opioid pain management patients comprise 50% or more of the patient population must demonstrate competence by biennially obtaining 20 (twenty) hours of continuing

medical education ("CME") pertaining to pain management or palliative medicine.

1. Such CME must be an AMA/AOA PRA Category 1 CME, a board approved CME program, or any federally approved CME. The CME obtained pursuant to this rule may count towards the CME required for license renewal.

(4) Effective July 1, 2017, physicians who maintain an active DEA certificate must ~~certify at their next license renewal that they have completed~~ the Boston University School of Medicine's SCOPE of Pain program at least one time. The certification of such completion must occur at the first renewal following July 1, 2017 or the first renewal following licensure. Completion of this program requirement counts as two hours towards the CME required for license renewal. Physicians who are subject to 360-15-.01(3) are exempt from this requirement.

~~(4)~~ In meeting the continuing education requirements, the Board will waive one hour CME
~~(5)~~ requirement for physicians for each four hours of documented work by the physician in uncompensated health care services such as free clinics up to a maximum of ten CME hours per biennium. In order to receive the waiver, the physician shall submit to the Board documentation of such work at the time of renewal.

~~(5)~~ In meeting the continuing education requirements, the Board will waive up to eight CME
~~(6)~~ hours per biennium for peer reviews of Board investigative cases for the Board. Specifically, a physician may obtain waiver of two (2) CME hours for each investigative case peer review conducted at the request of the Board.

~~(6)~~ Physicians who must meet the requirements of this Chapter must document the completion
~~(7)~~ of Board approved continuing education of not less than 40 hours during the two year term of the license. The license will expire on the last day of the month in which the applicant's birthday falls. License must be renewed biennially by the last day of the month in which the applicant's birthday falls and the licensee must satisfy the Board approved continuing education requirements during the biennial renewal cycle to be eligible for renewal.

~~(7)~~ Each licensed physician who must meet these requirements must maintain records of
~~(8)~~ attendance and supporting documents for continuing education for a period of 5 years from the date of attendance. At a minimum, the following must be kept:

- (a) Name of provider;
- (b) Name of program;
- (c) Hours/continuing education Units completed;
- (d) Date of Completion;
- (e) Evidence of A.M.A. Category 1 credit or A.O.A. Category 1 credit.

STANDARDS FOR THE PRACTICE OF PROVIDING SPECIALIZED INTRAVENOUS MEDICATIONS OR SUPPLEMENTS

The practice of providing or offering to provide patients specialized intravenous medications or supplements is a violation of the Georgia Composite Medical Boards statutes and rules except in those situations in which the patients' assessments are performed by either a licensed physician or mid-level providers, which includes nurse practitioners* or physician assistants.

The patient's assessment and physical examination must include at minimum:

- complete medical history, including abnormalities and or complications that occurred during prior visits;
- the patient's complete vital signs and heart rates;
- a medical analysis that reflects the totality of the treatment;
- the treatment modalities that are being administered;
- the medication provided;
- indications for the specific treatment which are substantiated by a qualified medical provider;
- the name of the person administering medications;
- goals for the treatment; and
- on follow-up visits, a medical analysis to determine the extent to which the goals were met.

Patients should not be permitted to choose their treatment, and to the extent the licensed physician or mid-level provider is providing care via electronic means, which includes but is not limited to tele-medicine, the medical provider must practice within the minimum standards of practice while providing treatment and/or consultation recommendations by electronic or other such means, which otherwise, as set forth in Ga. Comp. R. & Regs. r. 360-3-.07 (2016).

* Note, Ga. Comp. R. & Regs. r. 360-3-.07, refers to the providing medical care by a physician, physician assistant or "advanced practice registered nurse" (APRN") and occasionally uses the term nurse practitioner. I am not sure what the rule will in one instance use the term APRN and in the next use the term nurse practitioner, especially in the absence of clear definitions of each. OCGA 43-26-3(1), lists nurse practitioner under the definition of "advanced nursing practice" whereas an "advanced practice registered nurse is defined under (1.1) of this statute. Should the above guidelines use the term advance practice registered nurse as opposed to nurse practitioner, which by definition includes a "registered professional nurse."

OCGA 43-34-23 makes mention of delegation of duties to "certified nurse practitioners" and OCGA 43-34-242 defines a nurse practitioner as a nurse or a registered professional nurse, or a medical practitioner. OCGSA 43-34-25 (1) defines an APRN as set forth in OCGA 43-26-3 (1.1). This same deals with the delegation of duties to APRN's. See also OCGA 43-34-44.

Do we want delete the term nurse practitioner from the above listed guideline and replace it with what I believe is broader term which is an advanced practice registered nurse (both of whom must have obtained at least a Master's Degree in Nursing)? I believe a nurse practitioner is simply one of many different types of specialized APRNs. An APRN may also include a Certified Nurse Midwife, a Certified Nurse Anesthetists, and a Clinical Nurse Specialist.

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DRAFT - DISCUSSION ITEM

TITLE 43. PROFESSIONS AND BUSINESSES
CHAPTER 34. PHYSICIANS, ACUPUNCTURE, PHYSICIAN ASSISTANTS, CANCER AND
GLAUCOMA TREATMENT, RESPIRATORY CARE, CLINICAL PERFUSIONISTS, AND ORTHOTICS
AND PROSTHETICS PRACTICE
ARTICLE 2. MEDICAL PRACTICE

O.C.G.A. § 43-34-22.1 (2016)

§ 43-34-22.1. Requirements for advertising or publicizing of specialty certification

(a) No physician shall advertise or hold himself or herself out to the public in any manner as being certified or board certified in any specialty or subspecialty by a public or private board, including, but not limited to, a multidisciplinary board, unless:

(1) The advertisement or publication states the full name of the certifying board; and

(2) Such certifying board either:

(A) Is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or

(B) Requires successful completion of a postgraduate training program approved by the Accreditation Commission for Graduate Medical Education or the American Osteopathic Association that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the American Board of Medical Specialties or the American Osteopathic Association board for that training field, and further successful completion of an examination in the specialty or subspecialty certified.

(b) The board may take any disciplinary action provided under subsection (b) of Code Section 43-34-8 upon a finding of any conduct in violation of this Code section.

HISTORY: Code 1981, § 43-34-22.1, enacted by Ga. L. 2016, p. 84, § 0.1/HB 1043.

House Bill 1043 (AS PASSED HOUSE AND SENATE)

By: Representatives Kelley of the 16th and Cooper of the 43rd

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated,
2 relating to medical practice relative to physicians, assistants, and others, so as to provide for
3 certain requirements for advertisement or publication of representations of board certification
4 by physicians; to amend Code Section 43-34-26.1 of the Official Code of Georgia Annotated,
5 relating to vaccine protocol agreements, so as to revise a provision relating to taking the case
6 history of a vaccine recipient; to exempt activities conducted by a hospital or health system
7 with respect to influenza vaccinations from certain requirements; to provide for conditions;
8 to provide for related matters; to repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 SECTION 0.1.

11 Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated, relating to
12 medical practice relative to physicians, assistants, and others, is amended by adding a new
13 Code section to read as follows:

14 "43-34-22.1.

15 (a) No physician shall advertise or hold himself or herself out to the public in any manner
16 as being certified or board certified in any specialty or subspecialty by a public or private
17 board, including, but not limited to, a multidisciplinary board, unless:

18 (1) The advertisement or publication states the full name of the certifying board; and

19 (2) Such certifying board either:

20 (A) Is a member board of the American Board of Medical Specialties or the American
21 Osteopathic Association; or

22 (B) Requires successful completion of a postgraduate training program approved by
23 the Accreditation Commission for Graduate Medical Education or the American
24 Osteopathic Association that provides complete training in the specialty or subspecialty
25 certified, followed by prerequisite certification by the American Board of Medical
26 Specialties or the American Osteopathic Association board for that training field, and

27 further successful completion of an examination in the specialty or subspecialty
 28 certified.
 29 (b) The board may take any disciplinary action provided under subsection (b) of Code
 30 Section 43-34-8 upon a finding of any conduct in violation of this Code section.

31 SECTION 1.

32 Code Section 43-34-26.1 of the Official Code of Georgia Annotated, relating to vaccine
 33 protocol agreements, is amended by revising paragraph (3) of subsection (d) and subsection
 34 (o) as follows:

35 "(3) Require the pharmacist or nurse to take ~~a complete~~ an appropriate case history and
 36 determine whether the patient has had a physical examination within the past year and
 37 shall not administer a vaccine to a patient with any condition for which such vaccine is
 38 contraindicated;"

39 "(o)(1) This Code section shall not apply to any activities conducted within a hospital,
 40 physician's office, nursing home, or other health care facility designated by the
 41 department or conducted within any other facility or entity owned, operated, or leased by
 42 a hospital.

43 (2) Except as otherwise provided in paragraph (1) of this subsection, any activities
 44 conducted by a hospital or health system for the administration of the influenza vaccine
 45 shall not be subject to paragraphs (5) through (9), (15), or (16) of subsection (d) of this
 46 Code section as long as the following conditions are met:

47 (A) A signed and dated consent form by which the vaccine recipient consents to the
 48 administration of the vaccine is obtained;

49 (B) If the vaccine recipient is a patient within the hospital or health system, the
 50 administration of the influenza vaccine shall be noted in such patient's health record
 51 maintained by the hospital or health system, including, but not limited to, the
 52 administering pharmacist's or nurse's name, address, telephone number, and
 53 professional license number; the name, dose, manufacturer, and lot number of the
 54 vaccine; and the date of administration and injection site;

55 (C) If the vaccine recipient is not a patient within the hospital or health system, a
 56 personal immunization card on card stock paper containing the vaccine recipient's
 57 name, the pharmacist's or nurse's name and phone number, the name and dosage of the
 58 vaccine, the injection site on the vaccine recipient, the date of the administration of the
 59 vaccine in legible writing or printed type in a format made available by the Department
 60 of Public Health, and written information developed by the Department of Public
 61 Health on the importance of having and periodically seeing a primary care physician
 62 shall be provided to the vaccine recipient; and

63 (D) If requested by the patient, the influenza vaccine shall be administered in an area
64 or location with portable screening, at a minimum.
65 As used in this paragraph, the term 'health system' means (i) a parent corporation of one
66 or more hospitals and any entity affiliated with such parent corporation through
67 ownership, governance, membership, or other means; or (ii) a hospital and any entity
68 affiliated with such hospital through ownership, governance, membership, or other
69 means."

70 **SECTION 2.**

71 All laws and parts of laws in conflict with this Act are repealed.

Georgia Composite Medical Board

Executive Director
Robert Jeffery, MBA



Chairperson
John Antalis, MD
Vice Chairperson
E. Daniel DeLoach, MD, FACS

2 Peachtree Street, NW • 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • www.medicalboard.georgia.gov

NOTICE OF INTENT TO AMEND AND ADOPT RULES

TO ALL INTERESTED PARTIES:

Notice is hereby given that pursuant to the authority set forth below, the Georgia Composite Medical Board (hereinafter "Board") proposes amendments to the Georgia Composite Medical Board Rules by amending **Rule 360-3-.07, "Practice Through Electronic or Other Such Means."** An exact copy of the proposed rule is attached to this Notice.

This notice, together with an exact copy of the proposed rules and a synopsis of the proposed amendments may be reviewed between 8:00 a.m. and 4:00 p.m., Monday through Friday, except official State holidays, at 2 Peachtree Street, N.W., 36th Floor, Atlanta, Georgia 30303. These documents can also be reviewed online at <http://medicalboard.georgia.gov/notice-intent-amendadopt-rules>.

A public hearing is scheduled to begin at **8:00 a.m. on March 9, 2017** at 2 Peachtree Street, N.W., 36th Floor, Atlanta, Georgia 30303 to provide the public an opportunity to comment upon and provide input into the proposed rules. At the public hearing, any interested person may present data, make a statement or comment, or offer a viewpoint or argument orally or in writing. Lengthy statements and statements of a considerable technical or economic nature, as well as previously recorded messages, must be submitted for the official record. Oral statements should be concise and will be limited to 5 minutes per person. Additional comments should be presented in writing. To ensure their consideration, submit all written comments by February 24, 2017 via email to Briana.Fry-Jones@dch.ga.gov or via mail to the Georgia Composite Medical Board Rules Committee at 2 Peachtree Street, N.W., 36th Floor, Atlanta, Georgia 30303.

The Board voted to adopt this Notice of Intent on **January 5, 2017**. Upon conclusion of the public hearing on **March 9, 2017**, the Board will consider whether the formulation and adoption of these proposed rule amendments imposes excessive regulatory costs on any license or entity, and whether any cost to comply with the proposed rule amendments could be reduced by a less expensive alternative that accomplishes the objectives of the statutes which are the basis of the proposed rule. Additionally, the Board will consider whether it is legal or feasible in meeting the objectives of the applicable laws to adopt or implement differing actions for businesses as listed in O.C.G.A. § 50-13-4(3)(A),(B),(C), and (D).

This Notice is adopted and posted in compliance with O.C.G.A. § 50-13-4 of the Georgia Administrative Procedures Act. A synopsis of the proposed rules and an economic impact statement are attached to this Notice. The authority for promulgation of these rules is O.C.G.A. §§ 43-34-5(c), 43-34-8, 43-34-23 and 43-34-25, 43-34-31, 43-34-103 and 43-34-105.

Issued this day, January 10, 2017.

Robert Jeffery, MBA
Executive Director
Georgia Composite Medical Board

Georgia Composite Medical Board

Executive Director
Robert Jeffery, MBA



Chairperson
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ECONOMIC IMPACT AND SYNOPSIS FOR AMENDMENTS TO CHAPTER 360-3

ECONOMIC IMPACT:

The attached rules are promulgated under the authority of the Medical Practice Act, Title 43, Chapter 34. The Georgia Composite Medical Board licenses and regulates nine professions. The formulation and adoption of these rules do not impose excessive regulatory cost on any licensee, and any cost to comply with the proposed rule cannot be reduced by a less expensive alternative that fully accomplishes the objectives of Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated. Additionally, it is not legal or feasible to meet the objectives of the Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated to adopt or implement differing actions for businesses listed in O.C.G.A. § 50-13-4(a)(3)(A), (B), (C) and (D).

RULE SYNOPSIS:

Rule Chapter 360-3-.07, “Practice Through Electronic or Other Such Means”

Purpose/Main Feature: The purpose of this proposed amendment is to correct a typographical error found in 360-3-.07(a)(3)(c).

Authority: O.C.G.A. §§ 43-34-5(c), 43-34-8, 43-34-23 and 43-34-25, 43-34-31, 43-34-103 and 43-34-105.

Rule 360-3-.07. Practice Through Electronic or Other Such Means

- (a) Under O.C.G.A. §§ [43-34-8](#) and [43-1-19](#), the Board is authorized to take disciplinary action against licensees for unprofessional conduct, and in connection therewith, to establish standards of practice. Except as otherwise provided, in order for a physician to practice within the minimum standards of practice while providing treatment and/or consultation recommendations by electronic or other such means, all the following conditions must be met:
- (1) All treatment and/or consultations must be done by Georgia licensed practitioners;
 - (2) A history of the patient shall be available to the Georgia licensed physician, physician assistant or advanced practice registered nurse who is providing treatment or consultation via electronic or other such means;
 - (3) A Georgia licensed physician, physician assistant or advanced practice registered nurse either:
 - a. Has personally seen and examined the patient and provides ongoing or intermittent care by electronic or other such means; or
 - b. Is providing medical care by electronic or other such means at the request of a physician, physician assistant or advanced practice registered nurse licensed in Georgia who has personally seen and examined the patient; or
 - c. Is providing medical care by electronic or other such means at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children's Services, law enforcement, community mental health center or through an established child advocacy center for the protection ~~or~~ for a minor, and the physician, physician assistant or advanced practice registered nurse is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care; or
 - d. Is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.
 - (4) The Georgia licensed physician, physician assistant or advanced practice registered nurse providing treatment or consultations by electronic or other means must maintain patient records on the patient and must document the evaluation and treatment along with the identity of the practitioners providing the service by electronic or other means, and if there is a referring practitioner, a copy of this record must also be provided to the referring physician, physician assistant or advanced practice registered nurse;
 - (5) To delegate to a nurse practitioner or to supervise a physician assistant doing telemedicine, the physician must document to the board that that the provision of care by telemedicine is in his or her scope of practice and that the NP or PA has demonstrated competence in the provision of care by telemedicine.

- (6) Patients treated by electronic or other such means or patient's agent must be given the name, credentials and emergency contact information for the Georgia licensed physician, physician assistant and/or advanced practice registered nurse providing the treatment or consultation. Emergency contact information does not need to be provided to those treated within the prison system while incarcerated but should be provided to the referring provider. For the purposes of this rule, "credentials" is defined as the area of practice and training for physicians, and for physician assistants and advanced practice registered nurses, "credentials" shall mean the area of licensure and must include the name of the delegating physician or supervising physician;
 - (7) The patient being treated via electronic or other means or the patient's agent must be provided with clear, appropriate, accurate instructions on follow-up in the event of needed emergent care related to the treatment. In the case of prison patients, prison staff will be provided this information if the consult is provided to an inmate; and
 - (8) The physician, physician assistant or nurse practitioner who provides care or treatment for a patient by electronic or other such means must make diligent efforts to have the patient seen and examined in person by a Georgia licensed physician, physician assistant or nurse practitioner at least annually.
- (b) This rule should not be interpreted to interfere with care and treatment by telephonic communication in an established physician-patient relationship, call coverage for established physician-patients relationships, or telephone and internet consultations between physicians, nurse practitioners, physician assistants, other healthcare providers or child protection agencies.
 - (c) This rule does not authorize the prescription of controlled substances for the treatment of pain or chronic pain by electronic or other such means. All treatment of pain or chronic pain must be in compliance with Rule [360-3-.06](#).
 - (d) Nothing in this rule shall excuse a physician, nurse practitioner or physician assistant from ordering appropriate laboratory or other diagnostic tests needed to make diagnoses within the minimum standard of care.
 - (e) Nothing in this rule shall supersede any requirements provided for by other rules or laws.
 - (f) Licensees practicing by electronic or other means will be held to the same standard of care as licensees employing more traditional in-person medical care. A failure to conform to the appropriate standard of care, whether that care is rendered in person or via electronic or other such means, may subject the licensee to disciplinary action by the Board.