

# Georgia Composite Medical Board

**Executive Director**  
Robert Jeffery, MBA

**Deputy Executive Director**  
Karl Reimers



**Chairperson**  
John S. Antalis, MD

**Vice Chairperson**  
E. Daniel DeLoach, MD, FACS

2 Peachtree Street, NW • 36<sup>th</sup> Floor • Atlanta, Georgia 30303 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://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 360-15-.01, "Requirements for Physicians."** 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., 36<sup>th</sup> 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 **8:30 a.m.** on **August 10, 2017** at 2 Peachtree Street, N.W., 36<sup>th</sup> 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, written comments must be sent to [tburks@dch.ga.gov](mailto:tburks@dch.ga.gov) or to the Georgia Composite Medical Board, 2 Peachtree Street, N.W., 36<sup>th</sup> Floor, Atlanta, Georgia 30303, and must be received by August 1, 2017.

The Board voted to adopt this Notice of Intent on **June 9, 2017**. Upon conclusion of the public hearing on **August 10, 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. §§ 43-34-3, 43-34-5, 43-34-11, 43-34-24, 43-34-26, and 43-34-41.

Issued this day, June 15, 2017.

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### ECONOMIC IMPACT AND SYNOPSIS FOR AMENDMENTS TO CHAPTER 360-15

#### 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 360-15-.01, “Requirements for Physicians.”**

**Purpose/Main Feature:** The purpose of this proposed amendment is to add continuing education requirements concerning the prescribing of controlled substances for the treatment of pain.

**Authority:** O.C.G.A. §§ 43-34-3, 43-34-5, 43-34-11, 43-34-24, 43-34-26, and 43-34-41.

## 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 January 1, 2018, every physician not subject to Rule 360-15-.01(3) who maintains an active DEA certificate and prescribes controlled substances, except those holding a residency training permit, shall complete at least one time three or more hours of AMA/AOA PRA Category 1 CME that is designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing guidelines, recognizing signs of the abuse or misuse of controlled substances, and controlled substance prescribing for chronic pain management. The certification of such completion must occur at the first renewal following January 1, 2018 or the first renewal following licensure. Completion of this requirement may count as three hours toward the CME requirement for license renewal.

~~(4)~~ (5) In meeting the continuing education requirements, the Board will waive one hour CME 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)~~ (6) In meeting the continuing education requirements, the Board will waive up to eight CME 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)~~ (7) Physicians who must meet the requirements of this Chapter must document the completion 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)~~ (8) Each licensed physician who must meet these requirements must maintain records of 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.