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California

MBC Executive Kimberly Kirchmeyer Named California’s New Director of Consumer Affairs

Kimberly Kirchmeyer, formerly Executive Director of the Medical Board of California, has been appointed by California Governor Gavin Newsom as the new Director of the state’s Department of Consumer Affairs. The announcement was made October 8, 2019.

Kirchmeyer had served as Executive Director of the Medical Board of California since 2013, where she previously served as Deputy Director. She was Deputy Director of Board and Bureau Relations at the California Department of Consumer Affairs from 2009 to 2011 and held several other positions previously at the Medical Board of California, starting as an Associate Governmental Program Analyst in 1999.

Kirchmeyer has served in a variety of leadership roles with the International Association of Medical Regulatory Authorities, Administrators in Medicine, and Federation of State Medical Boards, including service on the United States Medical Licensing Examination State Board Advisory Panel.

Source: *California Newswire*, October 8, 2019

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Maine

Maine’s New Death with Dignity Rules Go Into Effect

State legislators in Maine developed and adopted the state’s “Death with Dignity Act” last year—which became effective law on September 19, 2019.

The Death with Dignity Act provides qualified patients new options to make informed decisions regarding their care at the end of life. Most importantly, the law allows qualified patients to request and obtain prescriptions for medications from an allopathic or osteopathic physician licensed to

practice medicine in Maine for self-administration in order to end their life in a humane and dignified manner. In addition, the law explicitly prohibits “a physician or any other person to end a patient’s life by lethal injection.”

The law includes safeguards for patients, including:

- Defining a “qualified patient” to be a competent adult, 18 years or older, who is a resident of Maine and who has been determined by an attending physician and consulting physician to be suffering from a terminal illness and voluntarily expressed the wish to end his or her life in a humane and dignified manner.
- Outlining the multi-step process by which a patient may make requests for medications for self-administration.
- Outlining attending physician responsibilities.
- Specifying waiting periods and medical record documentation requirements.

Physician participation in the state’s new death-with-dignity procedures is purely voluntary, and the decision to participate or not is left to the individual physician’s exercise of conscience. However, the new law stipulates that physicians who are unable or unwilling to carry out requests from qualified

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patients for medications to end their lives “shall transfer any relevant medical records for the patient[s] to a new health care provider upon request by the patient[s].”

In addition, the law allows health care facilities and licensed professionals to prohibit employees and contractors from participating in any activities authorized by the law while on the premises of the facilities or while in the course of employment or contract with those facilities.



The law also provides a number of protections for physicians who choose to participate in the death-with-dignity process. Specifically, the law states that the “fact that a health care provider participates in activities under this Act may not be the sole basis for a complaint or report by another health care provider to the appropriate licensing board.” The law also explicitly states, however, that it does not lower

...PHYSICIANS WHO DEVIATE FROM THE PROCESSES ESTABLISHED BY THE NEW LAW OR WHO VIOLATE A STANDARD OF CARE MAY STILL FACE INVESTIGATION BY THE BOARD.

the applicable standard of care for any services provided pursuant to the law. Thus, physicians who deviate from the processes established by the new law or who violate a standard of care may still face investigation by the Board.

Source: *Maine Board of Licensure in Medicine Newsletter*, Winter 2019

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Massachusetts

FCVS Now a Physician Licensing Requirement in Massachusetts

The Massachusetts Board of Registration in Medicine has announced that starting in January 2020 applicants for licensure are required to complete an application with the Federation Credentials Verification Service (FCVS).

Administered by the Federation of State Medical Boards, FCVS establishes permanent, lifetime storage of primary-source verified credentials for physicians and physician assistants, which they can conveniently access for use when registering with state medical boards. FCVS verifies documents related to a physician or physician assistant’s identity, medical education (including the Educational Commission for Foreign Medical Graduates profile,

if applicable), postgraduate training and examination history directly from the primary source.

Physicians applying for a full license in Massachusetts must either complete an initial application with FCVS or, if there is an existing FCVS profile, check to see if the FCVS profile must be updated.

Source: Massachusetts Board of Registration in Medicine web announcement, October 11, 2019.

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North Carolina

Licensees In North Carolina Must Report Sexual or Prescribing Misconduct Under New Law

A new state law in North Carolina obligates licensees to report to the North Carolina Medical Board (NCMB) any instances of sexual misconduct or prescribing misconduct by a person licensed by the Board. The law became effective October 1, 2019.

Specifically, North Carolina licensees are required to report:

- Any sexual misconduct by a licensee of the Board.
- Any fraudulent prescribing, drug diversion or theft of controlled substances by a licensee of the Board.

Medical professionals need not have definitive evidence of misconduct to make a report. The law specifies that licensed medical professionals should submit a report if they “reasonably believe” that misconduct has occurred. Licensees who report suspected misconduct in good faith are granted civil immunity.

To assist licensees with fulfilling their duty to report, NCMB has created a new online reporting form, as well as frequently-asked questions (FAQs) about the new reporting requirement and a resource page with related information, found at www.ncmedboard.org/report. Licensees may read the text of the new law at the website.

According to NCMB, licensees and others working in health care in the state have long requested a dedicated form for their use when reporting matters of concern to the Board. Health care professionals may use the new form to report any matter the reporting individual wishes to be investigated, in

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addition to the misconduct specifically required to be reported under state law. Patients and members of the general public will continue to use the NCMB's existing complaint form.

Source: *North Carolina Medical Board Newsletter*, Oct 17, 2019

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Ohio

State Medical Board of Ohio Installs New Executive

The State Medical Board of Ohio has announced that Stephanie M. Loucka is its new Executive Director. Loucka was unanimously approved by the Board November 14, 2019.

Loucka previously served as the Director of the Ohio Department of Aging. Prior to that, she held senior leadership positions at both the Ohio Department of Administrative Services and the Ohio Department of Aging.

Most recently, she served as the Human Resources Director of Gahanna-Jefferson Public Schools. She received a bachelor's degree in history and political science from Otterbein College and a JD degree from the University of Cincinnati College of Law.

Source: *State Medical Board of Ohio Newsletter*, December 2019

Medical Marijuana Usage Reports Released in Ohio

The Ohio Medical Marijuana Control Program has released statistics highlighting activity since Ohio dispensaries began selling medical marijuana to patients and caregivers in January 2019. As of September 2019, 29 dispensaries were operating in the state, with total product sales of \$23.5 million. That figure included 2,791 pounds of plant material and 68,197 units of manufactured product.

Additionally, more than 550 physicians in the state had acquired a Certificate to Recommend (CTR), and more than 50,000 recommendations had been made for more than 53,000 registered patients.

Source: *State Medical Board of Ohio Newsletter*, September 2019

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Oklahoma

With New Legislation, Oklahoma Joins Interstate Medical Licensure Compact

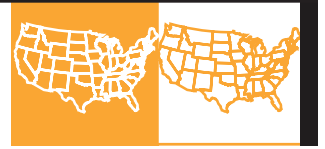
Through the passage of legislation (HB2351, effective November 1, 2019) Oklahoma will join more than 30 states, territories and the District of Columbia in the Interstate Medical Licensure Compact (IMLC).

The Compact is designed to provide an expedited pathway to licensure for qualified physicians who wish to practice in multiple states. While Oklahoma had previously indicated that it would join the Compact, its implementation had been delayed prior to passage of HB2351.

The Interstate Medical Licensure Compact Commission announced recently that it has processed more than 6,100 applications in Compact member states, resulting in more than 8,200 licenses issued. Legislation to join the Compact is actively pending in Florida, Missouri, New Jersey, Rhode Island and South Carolina.

Source: Oklahoma Board of Medical Licensure and Supervision *Issues and Answers Newsletter*, December 13, 2019

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Oregon

David Farris is New Medical Director at Oregon Medical Board

The Oregon Medical Board (OMB) has announced that David Farris, MD, has been appointed as the Board's Medical Director, succeeding Joe Thaler, MD, who recently retired.

Dr. Thaler began his career with the OMB as a Board member in 1999 and served as Chairman in 2005. After his time on the Board, he provided consultant services and acted as a "substitute" Medical Director before taking over the role in 2012.

Dr. Farris joins the OMB after 33 years of practice at Legacy Emanuel/Randall Children's Hospital. During his time there, Dr. Farris provided trauma care, pediatric ICU care, and adult and pediatric cardiac anesthesia. He also served as Chairman of Anesthesia and Medical Director of Legacy's Bloodless Medicine/Surgery and Patient Blood Management Program.

Dr. Farris is a graduate of Stanford University and received his medical degree from the University of California, San Diego.

Source: *Oregon Medical Board Report*, Fall 2019

Tennessee

Michael Zanolli, MD, Elected ACCME Chair

Former Tennessee Board of Medical Examiners President Michael Zanolli, MD, has been elected Chair of the Accreditation Council for Continuing Medical Education.

A physician who resides in Nashville, Dr. Zanolli was appointed to the Tennessee Board in 2004 and was reappointed in 2009 and 2014. Dr. Zanolli served as President of the Board from 2012 to 2017. His other professional leadership roles include serving as President and Chair of the Nashville Academy of Medicine and as a member of the Board of Trustees of the Tennessee Medical Association. Dr. Zanolli served two terms on the Board of Directors of the

Federation of State Medical Boards from 2013 to 2019. His term on the ACCME Board of Directors began in December 2015.

Source: ACCME website announcement, November 18, 2019

Washington

Washington Medical Commission Issues 2019 Fiscal Year Performance Report

The Washington Medical Commission (WMC) has released statistics and highlights of its recent licensure and disciplinary activities, covering the period from July 2018 to June 2019.

The state's 2019 Fiscal Year Performance Report indicates that Washington currently licenses approximately 31,000 physicians and 4,100 physician

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assistants (PAs). During the last fiscal year, WMC issued 2,283 new physician licenses and 459 new PA licenses.

During the fiscal year, WMC received 1,390 complaints, compared to 1,820 complaints the prior year. In the last five years, according to WMC, the percentage of cases opened for investigations has varied from a high of 61% in 2017 to a low of 47% in 2018–19.

In 2018–19, 11% of authorized investigations resulted in disciplinary actions. Over the last 10 years, according to WMC, 2.4% of licensed physicians in Washington received some form of a disciplinary action.

The report also highlighted various initiatives by WMC, including a large educational effort designed to raise awareness about opioid prescribing rules and monitoring activities, and awards it received—including a Best of the Boards Award from Administrators in Medicine (AIM).

Source: Washington Medical Commission *Update*, Fall 2019