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 California

### **New Guidelines for Transmission and Receipt of Electronic Controlled-Substances Prescriptions Adopted by California Medical Board**

The Medical Board of California has adopted guidelines for “Transmission and Receipt of Electronic Controlled Substance Prescriptions” that were developed in a joint effort by the Medical Board of California, the California State Board of Pharmacy, and the California Department of Justice.

The guidelines were developed to help clarify legal requirements for physicians and pharmacists, as reflected in a new federal rule that became effective last year.

The guidelines cover topics ranging from the selection of software and creation of audit trails to identity-proofing of prescribers and the receipt, processing and archiving of prescriptions record-keeping.

Electronic prescribing by providers is voluntary—the regulations do not mandate that prescribers use only electronic prescribing for controlled substances, nor do they require pharmacies to accept electronic controlled-substance prescriptions.

Written prescriptions remain acceptable, according to the California board, as do oral prescriptions for Schedule III-V controlled substances. If used, electronic prescriptions for Schedule II-V controlled substances must meet DEA regulatory requirements.

The new guidelines can be viewed on the medical board’s website at [www.mbc.ca.gov/publications/e-prescription\\_guide.pdf](http://www.mbc.ca.gov/publications/e-prescription_guide.pdf). ■

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Source: California Medical Board website: September 2011

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 Iowa

### **District Court Dismisses Petition to Block Distribution of News Releases by Iowa Board**

A Polk County District Court has dismissed a petition filed against the Iowa Board of Medicine that sought to prevent it from publishing summaries of charges against an Iowa-licensed orthopedic physician.

The petition was filed by Leonard D. Lomax, M.D., who said various summaries published by the board were inaccurate and that as a result of the inaccuracies he had become unemployable. The disputed content included news releases, website postings and mandatory reports to national data banks on physician discipline.

Dr. Lomax had been charged by the board in 2008 of several counts of professional misconduct. The board eventually found him guilty in 2009 of a variety of infractions, including fraud, unethical conduct and alcohol-related substance abuse.

In dismissing the petition, the court said the news releases and other summaries were accurate. The court also noted that Dr. Lomax presented no compelling evidence that the summaries and data bank reports had affected his employment opportunities.

In its dismissal ruling the court wrote that “Those entrusted with monitoring the conduct of professionals do so with a singular purpose: Protection of those who literally place their lives and welfare in the hands of a professional. Transparency in reviews of professional conduct brings with it community knowledge and security.”

“The disciplinary decision is a public record,” the court wrote. “Publication of the Board’s decision is statutorily mandated. Its rules provide reporting of final decisions nationally.” ■

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Source: Iowa Board of Medicine news release, August 29, 2011