

## Arizona

### Arizona Medical Board Recognized for Its Security Efforts by Computerworld Honors Program

The Arizona Medical Board has been recognized by the International Data Group's Computerworld Honors Program as a 2011 Laureate in honor of the Board's Security Awareness initiatives. The annual award program honors visionary applications of information technology promoting positive social, economic and educational change.

The Board was singled out for implementing an organization-wide training program that provides employees robust computer tools that help them keep information more secure.

"This was an integral part of the primary goal of increasing the agency's overall security posture," said James Gentile, the Board's chief information officer.

"The confidentiality, integrity, and availability of our data are key to our mission," said Lisa Wynn, executive director of the Board. "This project has allowed us to protect our staff, our licensees and their patients by protecting electronic records." The Arizona Medical Board licenses over 20,000 physicians statewide. ■

Source: Arizona Medical Board website, November 2011

## Arkansas

### Arkansas Board Amends Regulation 7 Governing the Use of Stimulants

In a recent meeting of the Arkansas State Medical Board, the Board amended Regulation 7, which pertains to the prescribing of stimulant medications.

The entire regulation has been updated, but the most significant change is that a documented second opinion from another physician agreeing with the initial diagnosis is no longer required. ■

Source: Arkansas State Medical Board Newsletter, Summer 2011

## Delaware

### Delaware Reminds Physicians of Changes to Prescription Pad Regulations

Delaware's Division of Professional Regulation is urging physicians to become familiar with the state's new requirements for tamper-resistant prescription pads—intended to reduce the incidence of prescription fraud and other crimes related to drug abuse.

All physicians in the state who have prescriptive authority, as well as Delaware-licensed pharmacists and pharmacies, received information from the state

**DELAWARE LAW REQUIRES PRACTITIONERS TO WRITE OR PRINT ALL PRESCRIPTIONS ON STATE-APPROVED TAMPER-RESISTANT PRESCRIPTION PADS THAT ARE DESIGNED TO PREVENT FRAUD.**

updating them on the state's new requirements. Delaware law requires practitioners to write or print all prescriptions on state-approved tamper-resistant prescription pads that are designed to prevent fraud.

The new law is being implemented in two phases to allow time for vendors, practitioners and pharmacies to prepare for the changeover to the new pads.

Phase 1, which began in October 2010, requires all practitioners to use prescription pads that comply with guidelines issued by the Centers for Medicare and Medicaid Services (CMS) for the Medicaid program.

Phase 2 requires practitioners to begin using the new state-approved prescription pads no later than March 1, 2012. The proposed regulations require practitioners to purchase prescription pads from vendors registered with the Division of Professional Regulation.

Delaware's plan sets forth detailed requirements for designing, ordering, printing, delivering and using the prescription pads. ■

Source: Delaware Division of Professional Regulation website, November 2011

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Kentucky

**Kentucky Board Works to Raise Awareness of Issues Related to Pain and Prescription Drug Abuse**

In light of recent national issues regarding pain clinics and prescription drug abuse, the Kentucky Board of Medical Licensure is encouraging all physicians to be aware of the potential for problems in the state and diligent in combating abuse. To facilitate its efforts in addressing this issue, the Board is working to raise awareness of its “Opinion on the Use of Controlled Substances in Pain Treatment,” a document it drafted that outlines various principles and positions regarding controlled substances.

The Board has also adopted an “Opinion on the Use of Suboxone and Buprenorphine,” which was recently amended.

In a recent newsletter, the Board wrote that while “these opinions do not hold the force of law, the Board has determined that the principles contained in them constitute the standards of acceptable and prevailing medical practice relating to their topics.”

In addition to raising awareness of its formal opinions, the Board is strongly recommending that physicians in the state who prescribe controlled substances for pain treatment sign up for Kentucky All Schedule Prescription Electronic Reporting

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**‘THIS REALITY IS A CALL FOR PHYSICIANS THROUGHOUT KENTUCKY TO BE MORE DILIGENT IN THEIR EFFORTS IN PREVENTING THE DIVERSION OF CONTROLLED SUBSTANCES FOR ILLEGITIMATE PURPOSES.’**

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(KASPER)— Kentucky’s prescription monitoring program (PMP) for monitoring Schedule II-V controlled substances dispensed in the state.

“Kentucky physicians are now faced with the fact that increasingly more Kentuckians are becoming involved in the diversion of controlled substances through

either purchasing them illegally or taking them from family and friends,” the Board wrote. “This reality is a call for physicians throughout Kentucky to be more diligent in their efforts in preventing the diversion of controlled substances for illegitimate purposes.”

The Board’s “Opinion Regarding the Use of Controlled Substances in Pain Treatment” lays out principles in seven key areas for physicians who prescribe controlled substances. The key topic areas include evaluation of the patient, treatment of pain, informed consents and treatment agreements, periodic review, consultation, medical records and compliance with controlled substance laws and regulations.

The Board’s opinion can be viewed at <http://www.kbml.ky.gov/board/policies.htm>. ■

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Source: Kentucky Board of Medical Licensure website, November 2011

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Maine

**Maine Medical Board Adds Exam Requirement for License Renewal**

The Maine Board of Licensure in Medicine now requires all active licensees seeking renewal to take and pass an exam on the rules, policies and laws related to the practice of medicine in that state.

Appropriate review materials are provided for the open-book exam, which consists of 30 questions and can be taken online or on paper via mail.

New applicants for a license to practice medicine have been required for the past 12 years to pass an exam covering rules, policies and laws governing the practice of medicine. The new process extends this requirement to all active licensees rather than just new applicants. According to Board officials, the move is intended to help ensure that all physicians in Maine better understand laws in the state that are critically important to the medical profession.



Before implementing the exam, applicants were required to travel to Maine to take an oral exam.

The new exam requirement is fully aligned with the concept of Maintenance of Licensure, specifically that ongoing demonstration of competence should be a condition of medical licensure renewal. This

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concept was formally adopted as policy by the nation's state medical and osteopathic boards in 2004.

More information on the exam requirement for license renewal in Maine is available on the board's website at [www.docboard.org/me/me\\_home.htm](http://www.docboard.org/me/me_home.htm) or by contacting Maine Board of Licensure in Medicine Executive Director Randal Manning, MBA, at (202) 287-3605 or by email at [randal.c.manning@maine.gov](mailto:randal.c.manning@maine.gov). ■

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Source: FSMB Newslines, May/June/July 2011

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Maryland

### **State Medical Board Decision is Affirmed in Maryland Case on Patient Records**

On Oct. 3, 2011, the U.S. Supreme Court refused to review a Maryland Court of Appeals' decision affirming the Maryland State Board of Physicians' decision to discipline Harold Eist, M.D., for failing to comply with a board-issued subpoena for patient medical records during an investigation into alleged substandard care. The denial of the petition for certiorari ended a 10-year legal battle

and alleviated concerns over the interpretation of constitutional privacy rights relative to medical board access to patient records.

In 2001, the Maryland board received a complaint against Dr. Eist alleging the psychiatrist over-medicated three patients. The board issued subpoenas for the medical records of all three patients. Dr. Eist did not immediately respond to the subpoena or turn over the medical records. Instead he informed the board he considered the records protected by the patients' privacy rights.

Eleven months later, Dr. Eist released the records to the medical board after the patients failed to file an objection to the release. A peer review committee found nothing inappropriate in Dr. Eist's treatment.

The board subsequently reprimanded Dr. Eist for his delay in complying with the subpoena and fined him \$5,000. Dr. Eist appealed the decision to the Circuit Court for Montgomery County, which found the board had unlawfully sanctioned Dr. Eist. The board appealed the decision to the Court

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of Special Appeals, which upheld the lower court's ruling based on privacy rights articulated in the U.S. Constitution.

The Court of Appeals reversed the lower courts' decision. The court ruled that because neither Dr. Eist nor his patients took any appropriate action to challenge the subpoena, such as filing a motion to quash or a motion for a protective order, and because Dr. Eist failed to comply with the subpoena in a timely manner, the board's decision was legally correct.

In deciding not to review the case, the U.S. Supreme Court affirmed the medical board's decision and its ability to issue subpoenas to physicians for medical records and require compliance. ■

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Source: FSMB Newslines, Fall 2011

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## North Carolina

### **North Carolina Medical Board 'Sleep Tech' Registry Deadline Nears**

The North Carolina Medical Board (NCMB) is urging polysomnographic technologists — known as “sleep techs” — to formally sign on to the state's polysomnography registry by January 1, 2012.

The NC General Assembly enacted NCGS 90-677, the Polysomnography Practice Act, in 2009, requiring NCMB to establish a registry of sleep techs. The Polysomnography Practice Act makes it unlawful beginning in 2012 for unregistered sleep techs to practice polysomnography, represent themselves as being credentialed to practice polysomnography or use the title “Registered Polysomnographic Technologist.”

The law stipulates that it is a Class 1 misdemeanor to practice polysomnography without registering with the NCMB. Failure to register could result in criminal prosecution or a court injunction barring the unregistered sleep tech from practicing. Sleep techs will be required by the new law to register annually.

Sleep techs in the state are expected to be credentialed in good standing by the Board of Registered Polysomnographic Technologists (BRPT). NCMB will verify the sleep tech's credentials with the BRPT, and if it is unable to verify that a registrant is currently credentialed, the sleep tech may be required to provide a copy of his or her certificate.

The NCMB notes at its website that it will not process complaints and investigate possible violations of the Polysomnography Practice Act and/or disciplinary matters — directing them

instead to the national Board of Registered Polysomnographic Technologists.

Some individuals will not be required to sign up, according to NCMB. Anyone registered, certified, credentialed or licensed to engage in a profession other than polysomnography or any person working under the supervision of a person who is registered, certified, credentialed or licensed to engage in another profession is not required to register with the board if the individual is performing work incidental to or within the scope of practice of that

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THE LAW STIPULATES THAT IT IS A CLASS 1 MISDEMEANOR TO PRACTICE POLYSOMNOGRAPHY WITHOUT REGISTERING WITH THE NCMB. FAILURE TO REGISTER COULD RESULT IN CRIMINAL PROSECUTION OR A COURT INJUNCTION BARRING THE UNREGISTERED SLEEP TECH FROM PRACTICING.

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profession or occupation and if the person does not represent himself or herself as a registered polysomnographic technologist.

In addition, the following individuals are not required to register:

- Individuals employed by the U.S. government.
- Individuals performing research that monitors physiological parameters during sleep or wakefulness for purposes not related to the practice of clinical medicine.
- Licensed physicians, physician assistants and nurse practitioners.
- Students actively enrolled in a polysomnography education program, provided the student is working under the direct supervision of a registered polysomnographic technologist and complies with all applicable rules.

To learn more about the registry, visit the NCMB website at [www.ncmedboard.org](http://www.ncmedboard.org). ■

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Source: North Carolina Medical Board website, November 2011



## North Carolina Medical Board Requiring IMGs to Use FCVS

All International Medical Graduates (IMGs) are now required to use the FSMB's Credentials Verification Service (FCVS) when applying for a full, unrestricted medical license in North Carolina.

The NCMB has advised any IMG who intends to begin work as a licensed physician by July 2012 to start the FCVS process now. The NCMB notes that graduates of Canadian medical schools are not considered to be IMGs and will not be required to use FCVS.

FCVS was established in 1996 to provide a centralized, uniform process for state medical boards to obtain a verified record of a physician's core medical credentials. FCVS obtains primary source verification of medical education, post-graduate training, examination history, board action history, board certification and identity.

By creating a repository of information, FCVS allows a physician to establish a confidential, lifetime professional portfolio that can be forwarded, at the physician's request, to any state medical board, hospital, health care organization or any other entity that has established an agreement with FCVS. ■

Source: North Carolina Medical Board website, November 2011

## Utah

### Utah iPhone App Provides Licensing Information

The Utah Division of Occupational and Professional Licensing has announced a new iPhone application that allows what the iTunes store calls "a quick and convenient way to check on the professional license status of doctors, nurses, contractors, accountants and any other professional offering services that require state licensure."

The new application, or "app," offers an easy interface to select the type of professional being checked, along with a search function to quickly locate the name of the individual or company. Results display the license information and status, along with an email feature to send the information directly from an iPhone.

Apple iPhone users can download the free iPhone application by visiting the state's website at [www.dopl.utah.gov](http://www.dopl.utah.gov) and looking for the link to the new app. ■

Source: Utah Division of Occupational and Professional Licensing website, November 2011

## Wisconsin

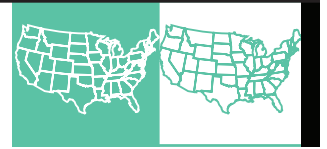
### Wisconsin Medical Examining Board Takes Action Against Physicians Involved in Capitol Protest 'Sick Notes' Cases

The Wisconsin Medical Examining Board (WMEB) recently took action against nine physicians who wrote medical excuses for individuals attending demonstrations against Gov. Scott Walker's collective bargaining law at the State Capitol in Madison earlier this year. The excuses issued to some of the individuals were later used in an attempt to excuse themselves from absences at school or work, according to WMEB.

In a news release, the WMEB said that the investigation into the actions of seven of the physicians clearly indicated there were deficiencies in record-keeping by the physicians involved.

"There was no way to determine what kind of evaluation was actually made of an individual before these physicians issued their medical excuses," said Dr. Sujatha Kailas, M.D., WMEB Chair.

The WMEB issued formal reprimands against these seven physicians, ordering that they each take courses in medical recordkeeping. "The board



action today holds these physicians accountable for their very public actions,” said Dr. Kailas, noting that the physicians also were subject to disciplinary action from their respective employers.

The WMEB issued administrative warnings against the other two physicians, notifying them that their conduct could result in formal disciplinary action if repeated.

According to the WMEB, its actions followed an extensive fact-finding process conducted by the

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state’s Department of Safety and Professional Services, which received hundreds of contacts from individuals in February expressing concern about physicians inappropriately writing medical excuses for those attending rallies at the Capitol.

Copies of the board’s disciplinary orders against the seven physicians may be accessed by visiting [www.dsps.wi.gov](http://www.dsps.wi.gov). ■

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Source: Wisconsin Medical Examining Board News Release, November 16, 2011

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Wyoming

**Wyoming Board of Medicine Adopts Uniform Application with Web Service**

The Wyoming Board of Medicine has become the latest state board to adopt the FSMB’s Uniform Application for Physician State Licensure (UA). Wyoming is the 15th member board to use the UA, which was designed to enhance license portability.

Through the UA, member boards utilize common application elements while capturing unique state requirements in an addendum customized to meet a state’s specific needs. The UA Web Service provides a fully automatic applicant data transmission into a board’s database, with no manual data entry necessary.

According to the FSMB, 42 boards are engaged in some manner with it on the UA program. More than 21,500 physicians have successfully submitted their application for licensure utilizing the UA to date.

For more information about the UA, visit the FSMB website at [www.fsmb.org](http://www.fsmb.org). ■

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Source: FSMB eNews, November 18, 2011