California

Medical Board of California Appoints New Executive Director

The Medical Board of California (MBC) has appointed William J. Prasifka as its new Executive Director. A native of California, Prasifka comes to the Board from the Medical Council of Ireland, where he served as its Chief Executive Officer for the past four years. Prasifka will officially start his position with MBC in June.

"The Board has hired a very strong leader, someone who has been in a variety of government-regulation environments, including the regulation of physicians," said MBC President Denise Pines. "I think that Mr. Prasifka will bring fresh eyes to the work that we have been doing and help us rethink the way that we are doing things."

Prior to leading the Medical Council of Ireland, which regulates the country's 23,000 physicians, Prasifka worked as the Financial Services Ombudsman for Ireland's Financial Services Ombudsman Bureau, Chief Executive Officer/Chair of the Competition Authority (Ireland's statutory body responsible for addressing anti-competitive conduct by companies in the marketplace) and as a member of the Commission for Aviation Regulation.

'THE BOARD HAS HIRED A VERY STRONG LEADER, SOMEONE WHO HAS BEEN IN A VARIETY OF GOVERNMENT-REGULATION ENVIRONMENTS, INCLUDING THE REGULATION OF PHYSICIANS.'

He is a 1984 graduate of the Columbia University School of Law, New York, and a 2018 graduate of the Harvard Kennedy School of Government, with 12 years of experience in leading law firms in both Ireland and the United States.

Source: Medical Board of California news release, March 3, 2020

Updated Registry Helps Promote Volunteer Opportunities for California Physicians

The Medical Board of California (MBC) has launched an updated and improved version of its Volunteer Physician Registry at its website, making it easier for California-licensed physicians to provide voluntary services in their community.

Additionally, the upgraded registry lets clinics in need of volunteers search the database of volunteer physicians using screening criteria, such as a physician's area of medical practice, languages spoken and the location where the physician wants to volunteer.

While the registry has existed since 2004, physicians have never been able to enter or edit their own data. Previously, volunteer physicians had to contact MBC personnel, who then contacted a technology team to enter the data.

California's new approach allows physicians to create a profile in the system, and then modify the profile whenever necessary. For example, physicians who take an extended vacation may hide their profile from public view during the time they are unavailable.

In addition, physician license status information is updated regularly from the MBC physician database. If a physician's license expires, or is canceled or suspended, his or her profile is automatically removed from the search.

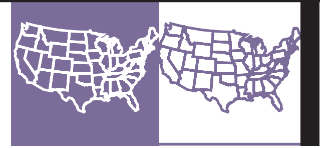
The updated registry allows physicians to specify which area(s) of medicine they are willing to practice as a volunteer, the geographic location where they would like to volunteer (within California), any languages spoken and contact information.

To learn more about the Volunteer Physician Registry, visit www.mbc.ca.gov/VPR.

Source: *Medical Board of California News*, Volume 149, Winter 2019

Downloaded from http://meridian.allenpress.com/jmr/article-pdf/106/1/22/2512229/i2572-1852-106-1-22.pdf by guest on 26 March 2023

 Copyright 2020 Federation of State Medical Boards. All Rights Reserved.



Colorado

Colorado's New Rules on Substance Use Prevention Training for Prescribers Now in Effect

Colorado's new Substance Use Disorders Prevention legislation, signed into law last year by Governor Jared Polis, went into effect March 30, 2020. The law requires the Colorado Medical Board to adopt new rules on substance use prevention training for prescribers.

THE LAW REQUIRES THE COLORADO MEDICAL BOARD TO ADOPT NEW RULES ON SUBSTANCE USE PREVENTION TRAINING...

The Board's new rules require any physician or physician assistant seeking a license renewal, reactivation or reinstatement to complete at least two hours of training per licensing cycle related to:

- Best practices for opioid prescribing, according to the most recent version of Colorado's Guidelines for Prescribing and Dispensing Opioids.
- Recognition of substance use disorders.
- Referral of patients with substance use disorders for treatment.
- Use of the state's Electronic Prescription Drug Monitoring Program.

The new requirements exempt any physician or physician assistant who meets the following criteria:

- Maintains a national board certification that requires equivalent substance use prevention training.
- Attests to the Board that the health care provider does not prescribe opioids.
- Applicants for renewal, reactivation, or reinstatement must attest during the application process to either their compliance with these new training requirements or their qualifying for an exemption.

Source: *Colorado Medical Board News* (online) April 2020

Iowa

Iowa Board of Medicine Welcomes New Medical Director

The Iowa Board of Medicine has appointed Don J. Woodhouse, MD, to serve as its new Medical Director. Dr. Woodhouse is a licensed physician in Iowa, where he has practiced family medicine for more than 20 years. He also has served as the Health Plan Medical Director for the United Healthcare Community Plan of Iowa and the Chief Medical Officer for the United Healthcare Community Plan of Nebraska. He received his MD degree from the University of Iowa Carver College of Medicine.

Dr. Woodhouse replaces John W. Olds, MD, who served on the Iowa Board of Medicine and was the Board's Medical Director for many years before retiring.

Source: Iowa Board of Medicine news release, February 19, 2020

Maine

Maine Board Publishes Licensing and Discipline Statistics for 2019

The Maine Board of Licensure in Medicine has published its 2019 Reports on Annual Licensing and Complaints, highlighting statistics and trends in licensing and discipline last year.

During 2019, Maine issued 666 MD licenses, compared to 854 in 2018 and 518 in 2017. The Board also issued 111 physician assistant (PA) licenses, compared to 131 in 2018 and 100 in 2017. During the year, 153 physicians in Maine changed their licenses from active to Emeritus status. There are now 294 Emeritus physicians licensed in the state.

The Board processed 3,195 license renewals in 2019, compared with 2,845 in 2018 and 3,088 in 2017. The overall average time to complete the licensure process was 47.61 days. The Board noted that the number of temporary license applications in Maine has been on a steady decline. In 2017, 210 temporary licenses were issued,

Downloaded from http://meridian.allenpress.com/jmr/article-pdf/106/1/22/2512229/i2572-1852-106-1-22.pdf by guest on 26 March 2023

Copyright 2020 Federation of State Medical Boards. All Rights Reserved.

compared to 23 temporary licenses in 2018 and only four temporary licenses in 2019.

Use of the Interstate Medical Licensure Compact for licensing has increased in Maine. In 2018, 89 licenses were issued through the Compact process, while in 2019, 110 licensees were issued using the Compact. The Board calculates that 16.5% of permanent licenses issued in 2019 were completed using the Compact process.

The Board opened 202 complaints in 2019 and closed 195 complaints, with 144 complaints dismissed. It issued 24 letters of guidance, six citations and two license suspensions. Of the adverse licensing actions that it took during the year, the most common categories were for unprofessional conduct, substance abuse, withdraw/suspension while under investigation and incompetence. Of the cases of unprofessional conduct that it considered, 78 involved communication issues/disruptive behavior, followed by ethics violations (30), inappropriate prescribing (14) and sexual misconduct (9).

THE BOARD OPENED 202 COMPLAINTS IN 2019 AND CLOSED 195 COMPLAINTS, WITH 144 COMPLAINTS DISMISSED. IT ISSUED 24 LETTERS OF GUIDANCE, SIX CITATIONS AND TWO LICENSE SUSPENSIONS.

Source: Maine Board of Licensure in Medicine 2019 Annual Reports on Licensing and Complaints

Maine Passes New Physician Assistant Legislation

Maine's legislature has passed LD1660, "An Act to Improve Access to Physician Assistant Care," a new law that signals a shift in the state from physician delegation and oversight of physician assistants (PAs) towards independent practice for PAs with more than 4,000 hours of experience.

The legislation creates three categories of PA practice in Maine:

- PAs with less than 4,000 hours experience must have a "collaboration agreement," which includes a scope of practice approved by the Maine Board of Licensure in Medicine. PAs in a health care facility or a physician group practice that have a credentialing process may use the health care system's credentialing document as a substitute for the collaboration agreement.
- PAs with more than 4,000 hours of experience who are working within a health care system or a physician group practice do not have to have a collaboration agreement or a practice agreement.
- PAs with more than 4,000 hours of experience and who work in an office by themselves with no physician in the practice must have a practice agreement that includes a scope-of-practice description approved by the Board.

The new law empowers the Board to make rules regarding collaborative agreements and practice agreements.

Source: *Maine Board of Licensure in Medicine Newsletter,* Spring 2020

Minnesota

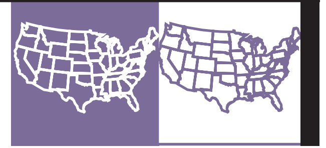
FBI Approval Paves the Way for Minnesota's Full Participation in Interstate Medical Licensure Compact

Legislation in Minnesota has resolved technical issues stemming from Federal Bureau of Investigation (FBI) requirements for criminal background checks that had previously impeded Minnesota's full participation in the Interstate Medical Licensure Compact. The Compact provides an expedited licensure process for eligible physicians that improves license portability and increases patient access to care.

Minnesota's statute governing its use of the Compact was amended to clarify that the Minnesota Board of Medical Practice has the authority to

Downloaded from http://meridian.allenpress.com/jmr/article-pdf/106/1/22/2512229/i2572-1852-106-1-22.pdf by guest on 26 March 2023

Copyright 2020 Federation of State Medical Boards. All Rights Reserved.



conduct criminal background checks on physicians licensed in the state seeking a letter of qualification for Compact participation. The amended statute also clarifies other technical issues related to the implementation of criminal background checks.

The Minnesota Legislature unanimously passed the Interstate Medical Licensure Compact in 2015, but the statutory issues created limitations. Since the Compact was launched, Minnesota has issued hundreds of expedited licenses but without the legislative changes, did not have approval by the FBI for current licensees to qualify for Compact participation. With FBI approval of the changes, Minnesota licensees now have the opportunity to fully participate.

THE MINNESOTA LEGISLATURE UNANIMOUSLY PASSED THE INTERSTATE MEDICAL LICENSURE COMPACT IN 2015, BUT THE STATUTORY ISSUES CREATED LIMITATIONS.

Source: Minnesota Board of Medical Practice news release, March 2, 2020

North Carolina

New Position Statement on the Use of Innovative Treatments in Medicine Issued

The North Carolina Medical Board has adopted a new position statement that provides guidance for its licensees who are considering or recommending the use of new and innovative medical treatments for patients. The new position statement, titled "Licensee Use of New or Innovative Treatment," outlines several key principles, including:

- Avoiding overpromising or exaggerating benefits of the treatment.
- Balancing the need to honor patient autonomy against the need to protect patients from risks of novel treatments.
- Ensuring that treatment decisions are always made in the best interest of patients.

In its position statement, the Board acknowledges that progress in medical science, advances in patient care and improved outcomes require exploration of innovative treatment and new technology. While the Board reiterates its support for licensees' use of scientifically valid research and innovation, it stipulates that "licensees must guard against exaggerating or overpromising benefits of participation in research or use of novel or off-label treatment when there is insufficient data to support claims made for the treatment."

The position statement acknowledges that there are a wide variety of circumstances which may lead a licensee to recommend new or innovative treatment, including circumstances in which a conventional treatment has failed and a patient wants to individually undertake off-label or novel use of an existing drug or therapy. In these cases, licensees are urged to "balance respect for patients' autonomy in seeking treatment options against the need to safeguard patients from the risks of novel, but often unproven, treatment."

Specific steps recommended for licensees when considering novel treatments include:

- Make treatment decisions in the best interest of the patient and use their knowledge and skill for the patient's benefit. Conflicting interests should be resolved to the benefit of the patient.
- Ensure all information, especially in terms of risks, benefits, and efficacy, is presented in an objective and honest manner. Where information is absent or equivocal this should also be communicated to the patient.
- Ensure the patient clearly understands why the new treatment is recommended, its purpose, and how it is different from current or conventional treatment.
- Refrain from using advertising that contains deceptive, false, or misleading claims.

Downloaded from http://meridian.allenpress.com/jmr/article-pdf/106/1/22/2512229/i2572-1852-106-1-22.pdf by guest on 26 March 2023

Copyright 2020 Federation of State Medical Boards. All Rights Reserved.

- Avoid promotional "tokens of legitimacy" which might include patient or celebrity endorsements, marketing using various certifications, awards, or citations of licensee affiliation or membership in academic or professional societies connected with the service or product.
- Understand the relevant clinical issues of the treatment offered and have received sufficient education and training from qualified sources regarding the modality to provide treatment in a competent, safe and effective manner.
- Maintain detailed, accurate documentation of the course of treatment and outcomes that includes adverse events, identified both during and after treatment, and which should be communicated to patients in a forthright and timely fashion. New information which may come to light following treatment should also be communicated to the patient.
- Recognize the licensee retains responsibility for patient care and management when using clinical decision-making support tools such as augmented or artificial intelligence.
- Comply with relevant federal, state, and agency laws and regulations.

For more information, visit www.ncmedboard.org.

Source: *North Carolina Medical Board Digital Forum* January-February 2020

Ohio

State of Ohio Offers Free DEA DATA 2000 Waiver Trainings

To help address the opioid crisis in the state of Ohio, the Ohio Department of Mental Health and Addiction Services is offering free Drug Enforcement Administration (DEA) DATA 2000 Waiver Trainings. The free training is open to all physicians, nurse practitioners and physician assistants who hold an Ohio license and a current DEA number.

The Drug Addiction Treatment Act (DATA), passed in 2000, permits qualified health practitioners to treat narcotic dependence with schedules III-V narcotic-controlled substances that have been approved by the Food and Drug Administration (FDA) for that indication. The Act waives the requirement for obtaining a separate Drug Enforcement Administration (DEA) registration as a Narcotic Treatment Program for qualified practitioners administering, dispensing, and prescribing these specific FDA-approved controlled substances.

Currently, buprenorphine availability is limited in Ohio because it is the only form of medication-assisted treatment that requires prescribers (physicians, physician assistants or advanced nurse practitioners) to have a unique DEA license.

The Ohio DEA DATA 2000 Waiver Training, being offered in communities across the state, is a one-and-a-half-day waiver training focused on the treatment of opioid use disorder. Covering a variety of topics, the sessions provide the necessary training to obtain a waiver to prescribe buprenorphine and additional information on implementation. Clinicians participating in the program receive a reimbursement after attending the one-and-a-half-day training and obtaining an X-Number on their DEA license.

The first day of the training covers all medications and treatments for opioid use disorder, and provides the required education needed to obtain the waiver to prescribe buprenorphine. This material is then followed by a half-day of training from experts around Ohio that enhance the prescriber's knowledge about opioid prescribing and buprenorphine policies (including topics such as low-dose prescribing according to federal and state guidelines and DEA guidance on documentation).

Ohio is also offering free online training courses for physicians that do not have time for the live course. The online option allows them to participate in the training at their own pace.

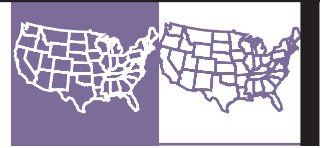
Ohio is receiving federal funds over two years to focus on developing a skilled workforce that can prescribe buprenorphine for medication-assisted treatment.

To learn more about the training, visit www.med.ohio.gov.

Source: *State Medical Board of Ohio Newsletter*, February 2020

Downloaded from http://meridian.allenpress.com/jmr/article-pdf/106/1/22/2512229/i2572-1852-106-1-22.pdf by guest on 26 March 2023

Copyright 2020 Federation of State Medical Boards. All Rights Reserved.



Confidential Complaint Hotline Launched by State Medical Board of Ohio

The State Medical Board of Ohio has launched its confidential complaint hotline, which complements its online complaint portal.

Anyone may now call (833) 333-7626 to file a confidential complaint against health care professionals who hold a license from the Board. Callers do not need to leave identifying information, although the Board is advising users of the service that additional detail can help support a more thorough investigation.

Visitors to the online portal receive a comprehensive explanation of how to file a complaint — either online or by using the new hotline, which is highlighted prominently at the portal.

The Board includes a step-by-step complaint guide at the portal and also highlights for users the types of professionals it is responsible for licensing and the kinds of issues it has the authority to investigate. Links are provided to the appropriate agencies for filing complaints about health professionals who are licensed by organizations other than the State Medical Board of Ohio.

To view the Board's online portal, visit https://www.med.ohio.gov/Regulation/File-a-Complaint.

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

Oregon

Oregon Medical Board Releases Annual Report on Licensing and Discipline

The Oregon Medical Board has released annual highlights of its licensing and disciplinary activities in 2019, overseeing more than 24,000 licenses in various health care professions, including 21,712 with active licensees.

At the end 2019, Oregon's active licensees included 15,927 doctors of medicine (MD), 1,666 doctors of osteopathic medicine (DO), 212 podiatric physicians (DPM), 2,331 physician assistants (PA) and 1,576 acupuncturists (LAc).

The Board approved 1,753 new licenses in 2019, including 1,191 MDs, 194 DOs, 260 PAs, 95 LAcs and 13 DPMs.

Roughly 30% of the state's licensees were between the ages of 40 and 50; 23% between 50 and 60; 22% between 30 and 40; 7% between 70 and 80; and 1% over 80.

In terms of gender, the Board's statistics show:

- DOs: 56.5 male, 43.5 female
- MDs: 61.5% male, 38.5% female
- PAs: 35% male, 65% female
- DPMs: 72.5% male, 27.5% female
- LAcs: 29% male, 71% female

The state's total licensee population was 56% male and 44% female.

The largest population of health professionals licensed by the Board in Oregon was located in Multnomah County (Portland), with 6,561 licensees. The smallest number was located in Gilliam County (Condon), with just two licensees.

During 2019, the Board received 1,652 complaint inquiries by telephone, 859 by email, and 842 by mail. The most common category of complaint was unprofessional conduct at 36%, followed by inappropriate care at 30%. Miscellaneous categories accounted for 17% of the complaints, followed by inappropriate prescribing at 8%, malpractice review at 4%, personal substance abuse at 2%, sexual misconduct at 1% and physical/mental illness/impairment at 1%.

The Board opened 842 investigations in 2019, compared to 819 in 2018 and 708 in 2017. It closed 815 investigations in 2019, compared with 732 in 2018 and 682 in 2017. It issued one license suspension during the year and had seven corrective actions, 46 stipulated orders, four final orders and one voluntary limitation.

Source: O*regon Medical Board Report*, Winter 2020

Downloaded from http://meridian.allenpress.com/jmr/article-pdf/106/1/22/2512229/i2572-1852-106-1-22.pdf by guest on 26 March 2023

Copyright 2020 Federation of State Medical Boards. All Rights Reserved.