

Alabama

Alabama Board Report Notes New Licensing Totals

The Alabama Board of Medical Examiners and Medical Licensure Commission has published its 2019 Annual Report, detailing statistics on physician and physician assistant (PA) licensing in the state.

The Board approved 1,482 new applicants for physician licensure in 2019, a 7.7% increase over 2018. Within this total the Board approved full licenses for 1,084 medical doctors (MDs) and 169 doctors of osteopathy (DOs), along with limited, volunteer and special purpose licenses for more than 200 other physicians. The Board also issued new licenses for 135 PAs.

Source: *Alabama Board of Medical Examiners and Medical Licensure Commission Medical Digest*, Spring 2020

William Perkins Appointed Executive Director of the Alabama Board of Medical Examiners

The Alabama Board of Medical Examiners has named William M. Perkins as its new Executive Director. Perkins is the first African American to serve the Board as its chief executive.

Perkins officially assumed his new position as Executive Director in mid-August, after having served as the interim leader of the agency since November 2019. He has more than 30 years' experience in leadership roles within law enforcement, military and regulatory organizations.

Perkins's professional history includes serving as an officer with the U.S. Army Alabama National Guard, including a tenure as Company Commander for the 1203rd Engineering Battalion; and serving the Montgomery, Alabama, Police Department as a police captain, investigator, executive officer to the mayor and in other leadership roles.

Prior to accepting his new position, Perkins worked for eight years as an investigator for the Board

before becoming Office Director in May 2018 and Associate Executive Director in January 2019.

For his military service, Perkins was awarded the Bronze Star for Operation Iraqi Freedom, the Desert Award, four Army Medals of Merit and two Army Commendation Medals.

Source: Alabama State Board of Medical Examiners news release, August 28, 2020

Kentucky

Kentucky Prepares for EPCS Mandate

Starting on January 1, 2021, Kentucky law will mandate the electronic prescribing of controlled substances in the state. The new law, Kentucky Revised Statute 218A.182, applies to all controlled substances prescribed in Kentucky, regardless of payer.

Some controlled substance prescriptions will be exempt from the new mandate, including, for example, prescriptions issued for hospice patients, residents of a nursing facility or those prescribed by veterinarians.

A practitioner who is unable to comply with the mandate will be allowed to petition the state for a temporary waiver based on economic hardship, technological limitations outside the practitioner's control or other exceptional circumstances.

Source: *Kentucky Board of Medical Licensure Newsletter*, Summer 2020

North Carolina

New North Carolina Medical Board Podcast Series Launched

The North Carolina Medical Board has launched a podcast—"MedBoard Matters"—highlighting important issues in medicine and regulation. The podcast, hosted by Communications Director Jean Fisher Brinkley, includes interviews with experts and is tentatively planned to air at least once a month.

The first episode of the podcast featured an interview with Christine Moutier, MD, Chief Medical Officer for the American Foundation for Suicide Prevention, who discussed ways to overcome stigma associated with mental health issues in medical professionals and resources for getting help.

A recording of the podcast is available for listening at www.buzzsprout.com/1230689.

Source: *North Carolina Medical Board Forum*, September 23, 2020

North Carolina Licensees Warned to Beware of Scammers

Health professionals licensed to practice in North Carolina have been warned by the North Carolina Medical Board to beware of the presence of scammers posing as Board representatives.

The Board notified its licensees recently that it had received reports from licensed physicians or other medical professionals who had been targeted. The scammers identified themselves as North Carolina Medical Board investigators or other Board officials.

Licensees were approached by telephone or in writing. The specific scenario presented to the licensee who is the target of the scam has varied, according to the Board, but it confirmed two examples:

- The licensee is told that he or she is under investigation and will receive a disciplinary action unless an immediate payment is made.
- The licensee is told that his or her license is expired or annual registration did not go through and cannot be reinstated without an immediate payment.

Phone scams may involve multiple “officials,” according to the Board—such as Board investigators or “Drug Enforcement Administration agents”—who claim to have evidence of wrongdoing by the licensee.

The Board urged licensees to refrain from providing personal or financial information in these circumstances and to avoid calling any telephone numbers

provided, which may appear to be from the Board but actually connect to scamming operations.

Source: *North Carolina Medical Board Forum*, August 6, 2020.

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North Dakota

North Dakota Board of Medicine Names Sandra DePountis, JD, Executive Director

The North Dakota Board of Medicine has hired Sandra DePountis, JD, as its new Executive Director. DePountis, who assumed her duties on October 1, 2020, succeeds Bonnie Storbakken.

DePountis previously served as an Assistant Attorney General in the office of the North Dakota Attorney General. As an Assistant Attorney General, DePountis served as general counsel to several occupational and licensing boards in the state. Before joining the Office of Attorney General, she practiced general litigation at a Bismarck, South Dakota, law firm.

A native of Pierre, South Dakota, DePountis received a JD degree from the University of North Dakota School of Law in 2010 and a bachelor’s degree from the University of North Dakota in 2007.

Source: North Dakota Board of Medicine news release

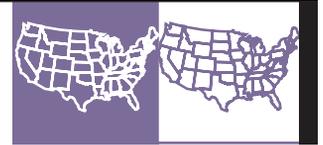
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Ohio

State Medical Board of Ohio Issues Update on Medical Marijuana Program

The State Medical Board of Ohio recently published several news updates regarding Ohio’s Medical Marijuana Program, which continued to expand over the last year. Among the highlights:

- As of June 2020, the state had 654 active holders of a Certificate to Recommend Medical Marijuana.
- In July, the Board added cachexia, a condition that causes extreme weight loss and muscle wasting, to its list of qualifying conditions for medical marijuana, bringing the total number of qualifying



conditions in the state to 22. The Board voted to reject petitions to add autism spectrum disorder and anxiety disorder as qualifying conditions.

- In Ohio, physicians who are authorized to prescribe medical marijuana with a Certificate to Recommend are required to submit an annual report to the Board with observations regarding the effectiveness of medical marijuana in treating patients. To satisfy the statutory and rule requirement of an annual report, the Board created an online survey and emailed the survey to each certified physician during the spring of 2020. Among the survey’s findings:
 - 66% of respondents have recommended marijuana; 34% have never made a recommendation.
 - 39% of respondents required in-person patient appointments more than once a year.
 - The top five conditions for which physicians were most satisfied with the effectiveness of medical marijuana included chronic pain, fibromyalgia, cancer, PTSD and inflammatory bowel disease.
- 91,330 unique patients have purchased medical marijuana in Ohio and the state has 116,497 registered medical marijuana patients. Of these, 644 had a terminal diagnosis.

Source: Ohio State Medical Board *Health News Ohio*, Summer 2020

Annual Report Released by Ohio Board

The State Medical Board of Ohio has released its State Fiscal Year 2020 Annual Report, offering highlights of its licensing and disciplinary activities. The Board manages the licensing and discipline of more than 93,000 health professionals in Ohio, including allopathic physicians (MDs), osteopathic physicians (DOs), physician assistants (PAs), and a wide range of other disciplines, from podiatric physicians to massage therapists.

The Board reported that active licenses for Fiscal Year (FY) 2020 in Ohio were held by 44,130 MDs, 7,326 DOs and 4,340 PAs — representing increases in all three categories. More than 6,700

MDs and 2,300 DO’s held training certificates. After MDs and DOs, the most numerous licenses in the state were held by massage therapists (11,949) and respiratory care professionals (8,884).

Of active licenses in the state, new licenses were issued to 2,735 MDs, 615 DOs and 467 physician assistants during FY 2020. The Board issued 146 new Certificates to Recommend Medical Marijuana during the year.

The Board reported that it received 7,343 new complaints against licensees during the year, up from 6,485 in FY 2019. It closed 5,777 complaints, up from 5,612 in FY 2019 (this number includes disposition of complaints received prior to FY 2020). The average number of processing days from receipt of a complaint to closure dropped to 86 during the year, down from 102 in FY 2019.

The Board reported 167 disciplinary actions during FY20, ranging from probation and reprimand to license revocation. The most common basis for Board actions included criminal complaint or other state action (61%), impairment (11%), prescribing issues (7%), unprofessional conduct (6%) and standards of care (4%).

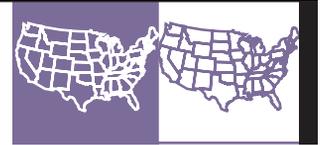
Source: State Medical Board of Ohio Fiscal Year 2020 Annual Report

Oregon

Oregon Continues to Promote Cultural Competency in Anticipation of New Standard in 2021

The Oregon Medical Board (OMB) is encouraging its licensees to read its publication “Cultural Competency: A Practical Guide for Medical Professionals,” as the state begins implementation of a new law requiring cultural competence training as a condition of license renewal.

In 2019, the Oregon Legislature passed House Bill 2011, mandating cultural-competency continuing-education for licensees in order to be re-licensed, beginning July 1, 2021.



The Board is currently working with stakeholders and the other health-professional boards to develop rules and implementation timelines for the new requirement. The Oregon Health Authority provides a list of current cultural-competency continuing-education opportunities for health care professionals, which are available through the state's Office of Equity and Inclusion.

OMB is making "Cultural Competency: A Practical Guide for Medical Professionals" available to all licensees free of charge, including shipping. Licensees may order using the OMB's Cultural Competency webpage. To learn more, visit www.oregon.gov/omb.

Source: *Oregon Medical Board Report*, Spring 2020

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Washington

Washington Medical Commission Takes Steps to Address Implicit Bias

The Washington Medical Commission (WMC) has formally condemned racism and launched a number of new measures to address the potential impacts of implicit bias in medical regulation.

The WMC Executive Committee began the effort by publishing a formal public statement titled "Racism in All its Forms is a Public Health Issue" earlier this year, in which it announced that it would take steps to minimize the effect of implicit bias in disciplinary actions.

The statement notes that racism is not limited to interactions with police and that it "also causes bias in hiring practices, educational opportunities, employment, housing opportunities and, closest to home for us, in interactions and experiences with the medical community."

"The problem is systemic; it is not limited to 'a few bad apples,'" the statement declares. "Racism is without question an issue of public health and patient safety... We must, as a society, recognize, understand and work zealously to eliminate systemic racism in our culture and in medical care specifically. As the ultimate arbiter of medical practice in Washington state, the WMC must go beyond mere lip service or token actions in confronting racism."

The statement also notes that racism is reflected in health care disparities in the state of Washington: "Studies show disparate representation in the health profession and disparate health outcomes for Black, Indigenous, and People of Color. While 4.15% of our state's population and 7.3% of medical graduates are Black, only 2.2% of our MD licensees and 2.0% PA licensees are Black. We are short at least 730 Black MDs and PAs if we are to mirror the demographics of the Washington state. It is incumbent upon the WMC to understand and correct this inequity."

More recently, WMC announced that it is taking additional steps to minimize the effect of implicit bias in its work, pledging that it would follow four principles:

- Accept that there is a problem.
- Acknowledge our role in continuing the systems that produce these outcomes.
- Use our position and privilege to change the systems to serve all people.
- As with medical error, we should recognize and apologize when our efforts to effect positive change do not have the desired impacts. As those entrusted to operate and govern our statutorily authorized medical regulatory system, we can and must do more to achieve human equality in all its facets.

Other steps WMC is taking include modifying its staff-hiring and disciplinary complaint processes to remove features that may lead to bias; providing implicit-bias training for its commissioners; establishing a Healthcare Disparities Workgroup to address statewide health care disparities and racism; and creation of a new Health Equity Advisory Committee that will review WMC rules, policies and practices to promote health care equity.

"Our journey is just beginning, but we have taken some big steps to look into our own processes to determine how we can be better," said WMC Executive Director Melanie de Leon, JD, MPA. "There will be more to come as this journey progresses."

Source: *Washington Medical Commission Update!*, Summer 2020 and Fall 2020 editions

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