ARIZONA
NEW MAP CONTRACT AWARDED

After a competitive bid process, the Arizona Medical Board awarded Greenberg and Sucher, PC, the contract to administer the State Monitored After Care Program (MAP). Greenberg and Sucher, PC, had managed the program under the previous contract. The new contract went into place Jan. 1, 2007. The MAP has not changed much from the way it has been administered in the past. The major change in the new MAP contract is that all day-to-day management of program has now been shifted to the vendor. Once in the program, a physician does not have any routine contact with the board. The medical board's role is to monitor the administration of the program and the participant's progress in the program. Also, some of the fees for participation and other aspects of the program increased under the new contract.

Under the new contract there are two independent stages – determining if a physician qualifies for MAP participation and monitoring the physician's recovery. Upon a physician coming to the board's attention, either through a self report or a report by another, the board determines if an assessment, evaluation or treatment is necessary. Upon the successful completion of treatment (in-patient or outpatient) the board will determine if a physician qualifies to participate in MAP. If so, the board will then order the physician into MAP and the program takes over monitoring recovery from that point. The board receives regular reports on the treatment, compliance and progress of physicians in the program. The program must immediately notify the board of any physician's violation of a board order or relapse. Upon notice of the violation or relapse, the board once again takes responsibility for the physician's case and determines how best to proceed. A physician may be ordered back to treatment or the board may revoke the physician's license.

The Arizona MAP is unique in some regards. In many other states the Monitored Aftercare Programs or Physician Health Programs may be funded in part by licensees fees, but the Arizona program is operated completely independently of the board and the board may not know the identity of the physicians in the program. In Arizona, all physicians enter into MAP pursuant to a board order and the program is closely monitored by the board.

Dr. David Greenberg of Greenberg and Sucher said unequivocally, "Arizona continues to have the best program for public safety."

Greenberg and Sucher's Dr. Michel Sucher said during the past five years the success rate of MAP has been in the 85-90 percent range. "That's in line with or better than the top programs in the country," he explains. "It's indicative of a very highly structured and accountable program."

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CALIFORNIA
LEGISLATIVE UPDATE: BOARD SPONSORED SEVEN BILLS — ALL WERE SIGNED

AB 1796 (Bermudez, Chapter 843)
Authorizes the board to establish advisory committees consisting of physicians and public members who are not required to be members of the board. Requires an applicant to obtain a passing score on the USMLE, Step 3, within four attempts. No applicant will be eligible to reapply until three years after the date the application for the physician's certificate was denied, except under certain conditions. The bill also allows the Division of Licensing to obtain probation monitoring costs. The fee for a physician's and surgeon's voluntary service license status is waived only for practitioners who reside in California. The governor issued a signing message expressing concern that failing to provide exceptions to the requirement physicians pass the USMLE, Step 3, within four attempts may result in unintended consequences and directed the board to address this issue.

AB 2198 (Houston, Chapter 350)
Incorporates the recommendations of the board's Pain Management Task Force and makes changes to the pain

management laws to facilitate the treatment of pain. Changes "good faith prior examination" to "appropriate prior examination."

AB 2260 (Negrete McLeod, Chapter 565)
Revises the special fellow and faculty programs. Adds initial and renewal provisions and specifies the action to be taken if a complaint is received. Expands the current "special faculty permit" program. Prohibits a physician from including, or permitting to be included, a provision within a civil settlement that prohibits another party to the dispute from contacting, cooperating, filing a complaint, or requiring the withdrawal of the complaint with the board.

SB 1232 (Runner, Chapter 133)
Adds criteria to current requirements for evaluation of applicants for licensure under B&P Code section 2135.5, a reciprocity provision. It requires an applicant be licensed by the state of origin for at least four years and requires the applicant to satisfy other criteria before the Division of Licensing can determine his or her compliance with the curriculum, clinical instruction and examination requirements.

SB 1438 (Figueroa, Chapter 223)
Requires physicians to report all misdemeanor convictions, and the board to post on its website misdemeanor convictions for physicians that result in disciplinary actions or an accusation that is not subsequently withdrawn or dismissed. States the legislative intent to have the JLAC/BSA review the board's operations prior to sunset review. Revises the due dates of various reports. Recasts the 800 reporting sections to clarify the reporting requirements for physicians.

SB 1638 (Figueroa, Chapter 536)
Requires the board to create and appoint a Midwifery Advisory Council. Requires licensed midwives to make annual reports containing specified information regarding birth outcomes to the Office of Statewide Health Planning and Development (OSHPD), with the first report due March 2008. The data will be consolidated by OSHPD and reported back to the board for inclusion in its annual report.

SB 1851 (Health Comm., Chapter 485)
Requires a physician who makes a breast cancer diagnosis to provide the patient with a written summary about breast cancer treatment options, and makes it optional whether the physician provides the information to the patient at the time of biopsy.

Chaptered Legislation

The following legislation, which may impact physicians licensed in California, has been chaptered into law and took effect Jan. 1, 2007 (bills with an urgency clause take effect upon enactment). For additional information, please see the website at www.leginfo.ca.gov (click on "Bill Information").

AB 1994 (Leslie, Chapter 100)
Relates to existing law which exempts health care providers from liability for making the decision as to whether a minor's records are available for inspection. Specifies the exemption from liability also would apply with respect to a health care provider's decision whether to make the minor patient's records available for copying.

AB 2120 (Liu, Chapter 116)
Expands the health care professionals authorized to sign the certificate substantiating a disabled person's or disabled veteran's disability to include nurse practitioners, certified nurse midwives and physician assistants. Makes conforming and technical changes.

AB 2156 (Niello, Chapter 319)
Requires a laboratory director or a licensed authorized designee appointed by the laboratory director to establish, validate and document explicit criteria by which clinical laboratory tests or examination results are autoverified. Requires the laboratory director or designee to revalidate the criteria annually. Authorizes specified pathologist professionals to prepare human surgical specimens for gross description and dissection under the direct supervision of a qualified pathologist.

AB 2280 (Leno, Chapter 771)
Current law authorizes Chlamydia treatment for a patient's partner without a good faith prior examination. This law expands authorization to treatment for gonorrhea and other sexually transmitted diseases (to be determined by the Department of Health Services through the regulatory process) where treatment could be prescribed for the partner without a good faith prior examination.

AB 2283 (Oropeza, Chapter 612)
Requires information collected by the board, upon renewal, regarding cultural background and foreign language proficiency be posted annually on the board's website on or before Oct. 1 of each year.

AB 2651 (Jones, Chapter 335)
Requires a hearing screening be administered to every

newborn by every general acute care hospital with licensed perinatal services. This law becomes operative Jan. 1, 2008.

AB 2805 (Blakeslee, Chapter 579)
Provides that an electronic advance health care directive is legally sufficient if the existing requirements for directives are satisfied. This took effect Sept. 28, 2006 as an urgency statute.

AB 2986 (Mullin, Chapter 286)
Harmonizes California's current Controlled Substances Utilization Review and Evaluation System (CURES) program with the newly enacted "National All Schedules Prescription Electronic Reporting (NASPER) Act of 2005," which permits California to qualify for federal grant funding. Provides that the CURES program will monitor and report on the prescribing and dispensing of Schedule IV controlled substances.

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SOUTH CAROLINA
MAJOR REVISIONS TO MEDICAL PRACTICE ACT

Many changes were enacted with passage of S 881, effective June 9, 2006, which overhauled the State's Medical Practice Act. Among the most significant changes were the following:

- Medical Disciplinary Commission physician members are now appointed by the Board of Medical Examiners;
- An individual renewing an expired license within one year of the previous authorized period must pay a late fee of $100 for any part of each month during which the license lapsed; and if unauthorized practice occurred following the expiration of the previous renewal period, a penalty of $1,000 must be imposed for any portion of each month in which unauthorized practice occurred.
- The board may require a licensee, who is found to have violated the Medical Practice Act, to pay a fine of up to $25,000 and the costs associated with investigations and hearings.
- The name of an initial complainant must be provided to the licensee who is the subject of the complaint, unless the board determines there is good cause to withhold that information.

The Formal Complaint and an Answer must be available for public inspection and copying 10 days after an Answer is filed or, if no Answer is filed, 10 days after the expiration of the time to answer. The full text of the Medical Practice Act, and the board's regulations and policies can be found on the board's website at www.llr.state.sc.us/pol/medical/.

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WEST VIRGINIA
2007 LEGISLATIVE UPDATE

Senate Bill 573 will go into effect June 6, 2007. The bill authorizes the West Virginia Board of Medicine and the West Virginia Board of Osteopathy to designate physician health programs to monitor physicians, podiatrists and physician assistants while they pursue treatment and recovery from alcohol abuse, chemical dependency or major mental illness. The bill removes the board's ability to enter into non-disciplinary, voluntary and confidential agreements relating to alcohol abuse and/or chemical dependency with licensees. Instead, the bill provides for voluntary, confidential agreements relating to alcohol abuse, chemical dependency or major mental illness to be entered into with a designated physician health program. No disciplinary action is taken by the board as long as the practitioner complies with the restrictions and goals of the program. The bill applies to applicants for licensure, as well as licensees.

Effective July 1, 2007, failure to timely submit to the board of medicine a certification of receipt of required continuing medical education will result in the automatic expiration of a license, not suspension. The effect is the same — inability to practice — but the word choice is gentler. A reinstatement fee is added.

Committee Substitute for Committee Substitute for Senate Bill 121 went into effect June 8, 2007. It tolls the payment of license fees for a member of the National Guard or other reserve component of the armed services of the United States on active duty until 60 days after the member returns from active duty. The service member

will also have a period equal to the period of active duty to fulfill continuing education requirements.

Continuing Medical Education Requirements

Successful completion of a minimum of 50 hours of continuing medical education satisfactory to the board during the preceding two-year period is required for the biennial renewal of a medical license. Two hours of the continuing education is required to be end-of-life care, including pain management. However, this end-of-life care, including pain management requirement is applicable on a one-time basis only.

Board Files Proposed Rule on Collaborative Pharmacy Practice

The board of medicine has filed a proposed rule on collaborative pharmacy practice to begin the process of legislative approval. It may be viewed on the website. The proposed rule has been agreed to by the boards of Osteopathy and Pharmacy.

Reprinted from the West Virginia Board of Medicine website.

LET US HEAR FROM YOU

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