Arkansas

Use of Prescription Monitoring Program in Arkansas on the Rise

The Arkansas State Medical Board (ASMB) announced recently that participation in the Arkansas Prescription Monitoring Program (APMP) has reached approximately 2,250 physicians, representing roughly 35% of physicians in the state who write prescriptions for controlled substances.

In an article in the ASMB's quarterly newsletter, a representative of the APMP Advisory Committee said that like state medical boards in many states, the ASMB is becoming more engaged with the APMP as a useful tool on many levels.

“The Arkansas State Medical Board is increasingly using the PMP as a part of their investigations of complaints against physicians,” said Gene Shelby, MD, Chair of the APMP Advisory Committee. He added that the ASMB is also “actively looking at ways to increase the registration and use of the PMP” as well as “looking at tying the registration for the PMP with the license renewal process for physicians who write controlled medications.”

In 2015, the state legislature in Arkansas passed a number of modifications to increase the effectiveness of the APMP including making it possible for prescribers to delegate to other individuals the ability to access the PMP on their behalf. This makes it possible for a nurse to print out a patient’s APMP record before the physician sees the patient, for example.

The 2015 legislation also makes it possible for the state’s health department to review information in the APMP that might indicate misuse of controlled medications and pass that information to the appropriate state licensing board.

The legislation also stipulates measures that physicians must take when treating chronic non-malignant pain, including checking the APMP, random drug checks, and creating a pain contract with patients, and it requires a two-hour prescribing course of all new licensees within two years of licensure.

Source: Arkansas State Medical Board Newsletter, Winter 2016

Arkansas Releases Summary of 2015 Licensure and Disciplinary Activities

Nearly 10,000 physicians are now licensed to practice in Arkansas, according to statistics released recently by the Arkansas State Medical Board (ASMB) as a part of its 2015 Year End Report.

A total of 9,683 medical doctors (MDs) and doctors of osteopathy (DOs) are licensed by ASMB, with 6,488 of these physicians being residents of the state. During 2015, the state licensed 577 new MDs and DOs. After physicians, the next largest category of health care professionals licensed by the state in 2015 was respiratory therapists, at 1,997, followed by occupational therapists, at 1,416.

In summarizing its disciplinary proceedings in 2015, the Board noted that it suspended 16 licenses in 2015, issued 13 consent orders, and ordered three license revocations, two license surrenders and two reprimands.

Source: Arkansas State Medical Board Newsletter, Winter 2016

California

Medical Board of California Launches Verify a License Campaign

In an effort to educate the public about the importance of verifying a physician’s license, the Medical Board of California has launched the Verify a License Campaign. The campaign encourages patients “to be proactive regarding their physician and health care”—taking steps to check physician credentialing.

As a part of the campaign, Board staff will be passing out brochures and providing consumer tips about the importance of checking physicians’ credentials and disciplinary history, visiting health fairs, town hall meetings and shopping malls to raise awareness.

Source: Medical Board of California Newsletter, Fall 2015
Florida

Florida Board Revises State’s Telemedicine Practice Rules for Physicians

The Florida Board of Medicine has revised Florida’s Telemedicine Rule. The revised rule, implemented March 7, 2016, includes a number of key provisions and definitions, among them:

Use of telephone: The revised rule stipulates that telemedicine “shall not include the provision of health care services only through an audio-only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.”

Controlled substances: Prescriptions of controlled substances may not be written using telemedicine, with the exception of treatment of psychiatric disorders.

Electronic medical questionnaires: Prescribing medications based solely on an electronic medical questionnaire constitutes “the failure to practice medicine with that level of care, skill, and treatment which is recognized by reasonably prudent physicians as being acceptable under similar conditions and circumstances” under the revised rule.

The Board’s revised rule also states that “a physician-patient relationship may be established through telemedicine.”

Source: Florida Board of Medicine announcement, January 1, 2016

Georgia

Georgia Composite Medical Board Releases Annual Regulatory Statistics

In Fiscal Year 2015, the Georgia Composite Medical Board issued 4,652 new licenses to various health professionals in the state, an increase of more than 20% over Fiscal Year 2014.

Between July 2014 and June 2015, the Board issued the licenses in the following major categories:

- Physician: 2,321
- Temporary residency training permit: 724
- Assistant laser practitioner: 469
- Physician assistant: 448
- Respiratory care professional: 396
- Senior laser practitioner: 113
- Pain management clinic: 109
- Acupuncturist: 25

The Board also reported its enforcement and discipline actions for the year. In Fiscal Year 2015, it received 1,550 complaints (of which 1,202 were within the Board’s jurisdiction) and issued 50 sanctions against 48 licensees through various dispositions (public reprimand, probation, revocation, public fine, etc.).

The number of complaints received by the Board was down in 2015, compared to 1,771 in 2014, 1,729 in 2013 and 2,061 in 2012.

The Board also reported that in Fiscal Year 2015, its total budget was $2,402,124, appropriated by the General Assembly. During the year, the Board collected nearly three times that amount in fees, which were turned over to the state’s treasury.

Source: Georgia Composite Medical Board Annual News and Report, 2015

Georgia Board and Public Health Department Create ‘THC Registry’

The Georgia Composite Medical Board and the Georgia Department of Public Health partnered recently to develop a “Low THC Oil Registry” for patients and caregivers who qualify to carry an identification card under Georgia’s new medical cannabis law.

Under the new law, patients and caregivers of patients who believe they may be eligible can consult with their physician about the possibility of obtaining a card allowing them to possess 20 fluid ounces of low THC oil within the state of Georgia. If approved by the physician, the patient or patient’s caregivers’
on Pain Management. The boards adopted the first Joint Statement on Pain Management in 2004, which was reaffirmed in 2009, to give guidance regarding untreated or inadequately-treated pain.

The boards recently reviewed the issue of pain management again in order to offer added guidance regarding appropriate prescribing with emphasis on the critical balance between pain management and the potential misuse of controlled substance medications.

Recognizing that pain management and opioid prescription drug abuse are significant issues in health care, the new joint statement seeks a critical balance between preventing opioid misuse while managing pain—and puts an emphasis on the need for education and awareness among physicians and other health care professionals.

The Joint Statement offers guidance to health care providers in the management of pain and to provide resources where practitioners can obtain additional information.

“Adequate knowledge of pain management and pharmacotherapeutics, effective communication with patients, family members and other health care providers, and a commitment to ethical, compassionate patient care are essential to responsible opioid prescribing,” said Ruth Martinez, MA, Executive Director of the Minnesota Board of Medical Practice.

The Boards will continue to jointly promote appropriate prescribing, dispensing, and administration of controlled substance medications and are encouraging Minnesota health care providers to “work cooperatively and effectively to manage the dimensions of pain and minimize prescription drug misuse.”


Source: Minnesota Board of Medical Practice website

Maine

Maine Board Website Has New Look and Features

The Maine Board of Licensure in Medicine has redesigned its website, offering a new look and feel, improved navigation and new features.

To make it easier for licensees to access information quickly, the new website features “What’s Happening” and “Laws/Rules Updates” features on its homepages—which provide up-to-date information on general Board news and emerging topics of interest.

The “Laws/Rules Updates” feature will include legislative information while Maine’s state legislature is in session and information about current and upcoming Board rules.

The new website also contains updated versions of all MD applications under the heading “Apply for MD License,” and the Board is strongly encouraging licensees to use its online renewal system, easily accessible via the website’s new navigation. Also new at the website is a “Jurisprudence Exam Study Guide,” which has updated and condensed previous study materials for licensees.

To view the website, please visit www.maine.gov/md.

Source: Maine Board of Licensure in Medicine Newsletter, Winter 2015

Minnesota

Regulatory Boards Adopt Updated Joint Statement on Pain Management

Minnesota’s regulatory boards of medicine, nursing, and pharmacy recently updated their Joint Statement

Source: Minnesota Board of Medical Practice website
Ohio

Ohio’s New Opioid Prescribing Guidelines for Acute Pain Expand Fight Against Prescription Drug Abuse

As part of Ohio’s continuing effort to curb the misuse and abuse of prescription pain medications and unintentional overdoses, the Governor’s Cabinet Opiate Action Team has issued new opioid prescribing guidelines for the treatment of patients with acute pain.

The new acute guidelines expand upon Ohio’s existing prescribing guidelines for emergency departments and acute care facilities, issued in 2012, and for treatment of chronic pain lasting longer than 12 weeks, issued in 2013. The guidelines were developed by the Governor’s Cabinet Opiate Action Team in conjunction with clinical professionals associations, health care providers, state agencies and state licensing boards — including the State Medical Board of Ohio (SMBO).

In 2014, more than 262 million opioid doses were dispensed in Ohio for the management of acute pain — 35 percent of the state’s 750 million total dispensed opioid doses.

The new guidelines urge prescribers to first consider non-opioid therapies and pain medications — when appropriate — for the outpatient management of acute pain. When opioid medications are necessary to manage a patient’s acute pain, the guidelines recommend that the clinician prescribe the minimum quantity necessary without automatic refills.

The new acute pain guidelines call for prescribers to check the State Board of Pharmacy’s Ohio Automated Rx Reporting System (OARRS) before prescribing an opioid. A review of OARRS is required for most opioid and benzodiazepine prescriptions of seven days or longer.

Among other steps Ohio is taking to combat prescription drug abuse, it recently launched an effort to streamline access to OARRS by integrating OARRS directly into electronic medical records and pharmacy dispensing systems across Ohio. More than 110 hospitals, pharmacies and physician offices have requested integration, according to SMBO.

To view the new prescribing guidelines, and for more information about Ohio’s initiative to address prescription drug abuse, please visit www.opioidprescribing.ohio.gov.


Oklahoma

PA Practice Act Updated In Oklahoma

Oklahoma physicians who supervise Physician Assistants (PA) no longer are required to be on-site at least one half day per week, and supervising physicians also now have more autonomy in determining the scope of services offered by PAs in the state.

Oklahoma Senate Bill 753, signed by Governor Mary Fallon, allows supervising physicians to be available via telecommunications. The bill permits supervising physicians to establish the scope of practice and level of supervision for their PAs as long as the services are within the PA’s skill level, the supervising physician’s scope of practice and properly supervised.

The updated bill eliminates former requirements that the supervising physician be on-site at clinics at least one half day a week and removes the list of services that can be provided by a PA. The amended law also does away with the requirement that a PA must receive approval from the Oklahoma Board of Medical Licensure and Supervision and have practiced for at least one year before working in a remote health care setting.

The new measure also clarifies the situations when a PA must report within forty-eight hours a “newly diagnosed complex illness” to the supervising physician in order to schedule an appropriate evaluation by the supervising doctor. Oklahoma Senate Bill 753 states: “The supervising physician shall determine which conditions qualify as complex illnesses based on the clinical setting and the skill and experience of the PA.”

Source: Oklahoma Board of Medical Licensure and Supervision website
Professionalism: Online actions and content directly reflect on professionalism, and therefore the statement advises health care professionals that they must “understand that their online activity may negatively impact their reputations and careers as well as undermine the public's overall trust in the profession.” They should not make negative statements about other health care providers and should use caution when responding to the negative comments of others on social media. “When conflicted about posting online content, healthcare professionals should err on the side of caution and refrain,” the statement urges. Those who write online about their professional experiences must be “honest about their credentials and reveal any conflicts of interest.”

The new position statement is accessible at www.oregon.gov/omb/board/philosophy.

Source: Oregon Medical Board Report, Volume 128, No.1

----------------------

Rhode Island

Rhode Island Releases 2015 Licensing and Disciplinary Statistics

The Rhode Island Board of Medical Licensure and Discipline licensed 4,836 allopathic and 335 osteopathic physicians in 2015, according to its 2015 Annual Report, released recently. It issued 377 new licenses during the year.

The Board received 422 complaints during the year and opened 200 for investigation. It suspended one license, and issued 20 reprimands and sanctions. No licenses were revoked in 2015.

The Board noted that as of December 31, 2015, 66 percent of all physicians in the state were registered with Rhode Island’s Prescription Drug Monitoring Program. The Board expects that all physicians will be in compliance with this statutory requirement by June 30, 2016.

Source: Rhode Island Board of Medical Licensure and Discipline 2015 Annual Report