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Government of the District of Columbia  
 Vincent C. Gray, Mayor



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**SUMMER 2013**

**LETTER FROM THE CHAIR**

The Board has been extremely busy over the last several months. The Board has completed its work on medical training licenses, and all licensing renewals including renewals of the new background checks. We are also nearly complete with the proposed rules on telemedicine and medspas. In addition, the Board has completed a backlog of requests for hearings and other disciplinary actions with the help of additional legal support. Here are some of the highlights:

**Renewals:** All medical licenses expired December 31, 2012. Renewal required per previous city administrative action that all licensees undergo a criminal background check, including fingerprinting. Approximately 2.6% of all licenses had a positive background check. The Board's review has found that the positive

checks fall into 3 main areas: 1) Youthful indiscretion—licensees in this category often believed that their college indiscretions had been “erased” from their record at the age of 21. Not so. The Board learned of some daring escapades from individuals who are well respected in the community. 2) DUI—this category was of concern for the Board and we looked at whether there was a pattern that could indicate substance abuse illness. 3) A few licensees had more serious charges, often again in their late teens or early twenties, and have “turned their life around” and have become models in the community. We did not uncover any new and serious issue in this category but are just in the process of completing all reviews.

The next license renewal will be at the expiration date of December 31, 2014. Remember that



Janis M. Orlowski, MD, MACP  
Chair, DC Board of Medicine

at this next renewal you will need to demonstrate 3 hours of CME credits in the area of HIV.

**Medical Training Licenses:** All individuals wishing to receive training in the District will need to apply for a medical training license. This new license started last year, but we were asked by several institutions and trainees

(continued on page 3)

**MISSION STATEMENT:**

“To protect and enhance the health, safety, and well-being of District of Columbia residents by promoting evidence-based best practices in health regulation, high standards of quality care and implementing policies that prevent adverse events.”



## From Where I Sit

By Jacqueline A. Watson, DO, MBA  
Executive Director, DC Board of Medicine

**IT'S SUMMER!** Since our last "special edition" publication in September 2012, we have been immersed in the 2012 renewal cycle that began on October 1, 2012 and was extended through February 28, 2013. As you well know, the renewal period had the new challenge of implementing the criminal background check (CBC) requirement mandated by the District of Columbia City Council for all licensed health care professionals as passed in 2011 (DCMR 3-1205.22).

I am happy to report that we successfully renewed over 8,000 licensees during the 5-month period. It was a tedious process, and I would like to thank all of you for your patience and cooperation as we diligently worked to get everyone through the process. I also want to say a special thank you to the BoMed staff, interns, and other division support staff, who worked together to respond to our customers.

### 2012 Renewal Feedback

So, how did we do? Your candid feedback about the renewal process is very important to us and I ask that you take a few minutes to complete our survey monkey questionnaire at <http://www.surveymonkey.com/s/bomedrenew>.

### WHAT'S NEW!

We have been busy with many initiatives and activities.

- **New Members:** Thanks to the diligent work of the Mayor's Office of Boards and Commissions (OBC) the Board welcomed several new members in December 2012—physician members Drs.

Bernard Arons, Kelly Colden, Brendan Furlong, Jeffery Smith and consumer member Mr. Howard Liebers joined the Board and have already immersed themselves with the important work of protecting the public. See page 6.

- **New Staff:** Our team welcomed new attorney advisor Brian Kim, Esq., in October 2012. Brian is a welcomed addition to our team and our legal support is soundly in place to advise the Board members as they deliberate on cases and adopt policies that best protect the public. Meet him on page 4.

- **Licensure Portability:** Board member Dr. Andrea Anderson and I represented the Board at a special licensure and disciplinary advocacy meeting held by the FSMB in Texas in January. The meeting was called to discuss licensure portability and new strategies for facilitating multi-state practice.

- **CME Audits:** 2012 CME audits have been conducted. Credits earned between January 1, 2011 and December 31, 2012 were tracked. If you received notification to provide proof of CME completion and did not respond in a timely manner, the Board will take disciplinary action against your license in the form of a fine. **Please note**—all licensees with a District license are required to do CMEs, whether or not they actively practice in the District.

- **CME Requirement Changes for 2014:** The DC City Council approved Bill B19-510 "HIV/AIDS Continuing Amendment Act of 2011" which will require physicians, physician assistants and nurses practicing in the District of Columbia to obtain 3 hours of HIV/AIDS CME credits beginning with the 2014 renewal cycle (January 1, 2013-December 31, 2014). **So remember to get your three HIV CMEs before December 31, 2014.**

- **Medical Residents:** We have begun the second year of implementation of medical training licenses (MTL) for all residents training in the eight accredited academic programs in the District. All residents are required to have an active MTL prior to beginning or continuing their training in order to be in compliance with the Board.

- **Taskforces:** Telemedicine and Cosmetic/Medispa taskforces have been meeting throughout the year, and legislation recommendations regarding these two areas of practice were presented to the Board during their April 24 meeting. See page 13 and 14.

- **Collaboration with the Board of Pharmacy:** The Council passed Bill 19-657 "Collaborative Care Expansion Act of 2012" which will allow pharmacists, through a written agreement with a physician, to initiate or modify drug therapy for a patient. The Board of Medicine (BoMed) and the Board of Pharmacy (BOP) will jointly develop and promulgate regulations to implement this requirement. BoMed and BOP are already working on regulations to allow expanded authority for pharmacists to administer immunizations.

- **Medical Marijuana Implementation in the District:** The MMJ program has begun in the District. This program will be regulated by the Pharmaceutical Control Division. Physicians who recommend MMJ for their patients must complete a physician recommendation order form. For more information, please visit <http://doh.dc.gov/mmp>. See page 10.

- **Workforce Capacity:** During the 2012 renewal cycle, the Board conducted its second workplace survey for physicians and physician assistants. We had a 58% response rate and a report will be published later this year.

Here is what we know so far:

- ▶ 8,466 physicians renewed their licenses in 2012;

- ▶ 58% responded to the survey;
- ▶ 28% were primary care doctors;
- ▶ 72% were specialty physicians.

The full report will be presented during the BoMed symposium on Wednesday, September 25, 2013, at 8:00am, at the George Washington University Jack Morton Auditorium. The symposium is being co-sponsored by GWU School of Medicine and Health Sciences and the GWU School of Public Health and Health Services.

- **FSMB 101st Annual Conference: The Medical Workforce, What Regulators Need To Know** took place April 18-20 in Boston, MA. Board members Marc Rankin, MD, and consumer member Tom Dawson, Esq., represented the Board. Hot topics of discussion included licensure portability, maintenance of licensure, and building workforce capacity.

- **Best Practices:** The Board held its strategic planning retreat in May at the John Wilson Building. During the meeting the Board discussed goals and plans for improving performance and effectiveness in protecting the public and providing services to licensees. The Board also welcomed a visit from Councilmember Yvette Alexander, Chair of the Health Committee, who thanked the members for the work that they do on behalf of the city. CM Alexander shared her goals for the city with respect to healthcare. See photo on page 3.

We remain committed to building a best-practice Board in the District and achieving operational excellence. We continue to add new and qualified members to the BoMed team.

Our next issue will be published in December. I hope to see you at our symposium in September.

**Until then, Be Well.**

## BOARD OF MEDICINE RETREAT 2013



District Councilmember Yvette Alexander (center) joined the Board during their strategic planning retreat, where she took some time to share her priority areas in healthcare for the city. Councilmember Alexander thanked the Board members for the hard work they do on behalf of the city.

### LETTER FROM THE CHAIR (continued from page 1)

to look at concerns in the bill. One area of concern was the burden that appeared to be placed on those at our military institutions training in the District for a rotation or two. Since all institutions found the military trainees a benefit to their program, we worked to make sure there was not a significant encumbrance for them to continue.

**Telemedicine:** I would like to thank the members of the Telemedicine Taskforce who have brought forward a sound policy for the use of telemedicine practice in the District. During the Open Session meeting in April, final recommendations were made and the Board will now work on legislation and policies to enforce these new recommendations. The final bill will be posted on the website

once all the approvals have been obtained from the Council.

**Medispas:** Another taskforce that has done a tremendous amount of work has been the Medispa Taskforce. This group has reviewed the multiple new treatments popping up throughout the US for “beauty”, “youth” and or “improved well being” but involve the use of laser therapies, chemical peels or other more invasive modalities. This taskforce has recommended the appropriate level of care for treatments based on risk and have recommended who can perform these procedures—specifically whether an individual needs to be licensed or not. We will be reviewing this work throughout the summer and will make final recommendations for policy and legislature by the end of the fiscal year.

**CME:** We have completed our random audit of 2% of all medical licensees for compliance with the CME requirements. Besides the

2% of individuals, we also required all physicians on the DC Medical Board to provide documentation of CME compliance. Last relicensing cycle, the Board also needed to produce their CME which all did without a problem. The 2012 audit revealed a 90% compliance rate with CMEs.

**Reentry:** The Board completed its policy work on reentry (or entry when more than two years have elapsed from the end of training) when a provider has not practiced for any reason for more than two years. In general, the policy requires a reasonable explanation for the two-year gap (if from illness, the individual will need to undergo a fitness for duty examination), evidence of maintenance of medical knowledge through the SPEX examination or specialty-specific Board examination, a 6-12 month reentry training (for example in the field of anesthesiology) or proctored practice

with a designated and Board-approved mentor. All reentry plans are specialized for the specific individual and require Board approval and oversight.

Finally, we are in the process of analyzing the results of the second Medical license survey which was completed with this last renewal period. The emphasis on this renewal was to look at the availability of primary care physicians in the District. We look forward to sharing the results with you during the second biennial BoMed symposium on September 25, 2013. Please save the date.

Please call or write if you have questions, suggestions or other recommendations for the DC Board of Medicine.

Many thanks,

Janis M. Orłowski, MD MACP  
Chairperson  
DC Board of Medicine

## MEET NEW BOARD OF MEDICINE LEGAL ADVISOR BRIAN G. KIM, ESQ.

### RENEWAL SURVEY

Your candid  
feedback  
about the  
renewal  
process  
is very  
important  
to us.

Please take  
a few minutes  
to complete  
our  
questionnaire  
at

[http://www.  
surveymonkey.  
com/s/  
bomedrenew](http://www.surveymonkey.com/s/bomedrenew)



**BRIAN G. KIM, ESQ.**, joined the Board of Medicine in October, 2012. Immediately before joining BoMed, Mr. Kim was a trial attorney in the Civil Litigation Division of the D.C. Office of the Attorney General. Prior to joining the OAG, Mr. Kim served as a trial judge in the District Court of Maryland. Mr. Kim retired from the Bench after serving his term, to return to the practice of law. Mr. Kim received his

Juris Doctorate degree from Boston College Law School and received his Bachelor of Arts from Tulane University. Mr. Kim is a member of the Bar of the District of Columbia, Maryland, Massachusetts, as well as the federal courts of the District and Maryland, the United States Court of Appeals for the Fourth Circuit, and the United States Supreme Court. In addition to practicing law, Mr. Kim currently serves on the adjunct faculty of the University of Maryland School of Law and the University of Baltimore School of Law, and has also served on the adjunct faculty of the George Mason University School of Law. Mr. Kim has been active in the Bar, having served as the president of the Judicial

Council of National Asian Pacific American Bar Association (NAPABA), and having served as a board member of NAPABA as the Southeast Regional Governor. He is a founding member of the Asian Pacific American Bar Association of Maryland, and has served on that board as well as on the Asian Pacific American Bar Association of Greater Washington, DC. Outside of the practice of law, Mr. Kim plays the violin and is the concertmaster of the Montgomery Symphony Orchestra, as well as a member of the Trinity Chamber Orchestra and the Montgomery Philharmonic Orchestra. He is a runner, having completed 95 marathons, and several triathlons, including a half-ironman triathlon.

### BOARD FAREWELL AND THANKS TO OUR BOMED INTERN AND OUR ASSISTANT



**We will miss outgoing intern Hannah Minaye and assistant Cheryl Harris.**

*Left to right: Health Licensing Specialists Lisa Robinson and Aisha Williams, BoMed Intern Fabian McIntosh, Carl Ward, Esq., Executive Director Dr. Jacqueline A. Watson, former Intern Hannah Minaye (seated), Assistant Cheryl Harris (third from right), Deniz Soyer, and Attorney Advisor Brian G. Kim, Esq.*

## Counsel's Column

# PHYSICIANS' STANDARDS OF CONDUCT

By Brian G. Kim, Esq., Attorney-Advisor to the D.C. Board of Medicine

Among the many questions frequently asked is "What are the physicians' standards of conduct?" Typically, these standards are those that coincide with ideals of placing the health and welfare of the patient ahead of economic self-interest and not jeopardize the physician-patient relationship. This latter principle is the cornerstone of the Board of Medicine's regulatory function, and it is to that end that this article will address, in the format of FAQs, a physician's standards of conduct, as dictated by the District of Columbia Municipal Regulations (DCMR).

### Patient Records

#### How long must a physician keep a patient's records?

Some physicians, and many patients, are unclear as to the requirements regarding maintaining patient records. Under District law, a physician must maintain each patient's record that "accurately reflects the evaluation and treatment of each patient." These records must be kept for three years following the patient's last visit, or in the case of a minor, three years after the minor turns 18 years of age.

#### Must a physician provide records to a patient upon request?

Yes. A physician must provide the patient or his representative a copy of the patient's records within 30 days of the request. The records may be in the form of a summary report in lieu of copying the entire record (if the patient consents to a summary). The physician may charge a reasonable fee for duplicating the records. In non-emergency situations, a physician may require that the fee for duplicating records be paid in advance of providing the records.

#### Can a physician provide a minor child's record to the child's parent, guardian or representative?

No. Where a minor child's consent is required to disclose the child's records, a physician may not disclose a minor child's records without that consent.

### Competence

#### What medical services can a licensed physician provide under the license?

A licensed physician may accept or perform professional responsibilities for which the licensed physician is competent to perform. Unless the physician is competent to provide a particular medical service, it would be a violation of the standards of conduct to do so.

#### Termination of the Physician Patient Relationship How can a physician terminate the relationship with the patient?

A physician must give notice far enough in advance of the discontinuation of the physician patient relationship so as to allow the patient sufficient time to secure appropriate substitute care. Where a physician fails to provide sufficient time to a patient to discontinue the relationship, it may be considered patient abandonment and subject the physician to disciplinary proceedings.

#### Patient Safety is Paramount What must a physician do to adhere to the standards of conduct?

A licensed physician shall not willfully or carelessly disregard the health, welfare, or safety of a patient. While this is a broad standard, the limitation is that the conduct not be willful or careless.

### Standards of Acceptable Medical Practice

#### Who determines the standards of acceptable medical practice in the District?

Under District law, a licensed physician must conform to the prevailing standards of acceptable medical practice as determined by the Board of Medicine or a peer review panel appointed by the Board.

The foregoing are just some examples of compliance requirements for physicians who are licensed by the D.C. Board of Medicine. A violation of these standards of conduct may lead to initiation of disciplinary proceedings, which may result in reprimand, suspension or revocation of the license under the Health Occupation Revisions Act of 2009 (HORA). The HORA enumerates additional reasons for disciplinary sanctions, which will be discussed in future articles in this section. Both the HORA and the regulations that govern the practice of medicine in the District are available on the D.C. Department of Health's website at: <http://doh.dc.gov/node/120612>. We invite you to peruse the HORA, as well as the regulations that govern your practice in the District.

Visit our website at: [www.doh.dc.gov/bomed](http://www.doh.dc.gov/bomed).

## WELCOME NEW BOARD MEMBERS: BOARD EXPANDS TO 12 MEMBERS



*Bernard Arons, MD, Kelly Colden, MD, Jeffrey Smith, MD, Brendan Furlong, MD, Howard Liebers, MPH*

**BERNARD S. ARONS, MD**, has led a diverse career focused on the improvement of behavioral health services and exemplifies dedication to high quality public health research, training, and prevention. As a psychiatrist and administrator at Saint Elizabeths Hospital from 1973-1987, Dr. Arons served in a number of positions, including as Director of the Dixon Implementation Office and later as Chief Clinical Advisor. At the National Institute of Mental Health, Dr. Arons assisted in providing direction for the country on mental health financing. In 1989, he was selected as a Legislative Fellow to contribute his scientific and managerial expertise while working in the U.S. Congress. In 1993, Dr. Arons served as mental

health and substance abuse advisor to Mrs. Tipper Gore in the White House, and co-chaired with her the National health care reform working group on mental health and substance abuse issues. In November 1993, Dr. Arons was appointed Director of the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration. He worked closely with Surgeon General David Satcher to publish the first-ever Surgeon General's Report on Mental Health, which enhanced national awareness of mental health issues. His commitment to making a difference included work on the National Strategy for Suicide Prevention, which brings together researchers, providers, advocates and consumers in developing a

prevention plan to reduce suicide in the United States. From studies on parity in mental health coverage to initiatives on school violence, CMHS became, under Dr. Arons' leadership, a leading voice on mental health issues for the country. From September 2002 through September 2004, Dr. Arons returned to the NIMH where he served as Senior Science Advisor, working on issues including college and university student mental health, suicide prevention, trauma response, and others. In addition, Dr. Arons participated as a member of the MacArthur Network on Mental Health Policy Research. Dr. Arons left federal service to become the Executive Director and CEO of the National Development and Research Institutes (NDRI) based in

New York City from 2004 to 2008. He returned to Saint Elizabeths Hospital in 2008 where he now serves as the Director of Medical Affairs. Dr. Arons also serves as a Clinical Professor of Psychiatry on the faculty of the Georgetown University School of Medicine and the George Washington University School of Medicine, and is Adjunct Professor of Psychiatry at the Dartmouth College Medical School.

**KELLY A. COLDEN, MD**, is a Board-Certified Obstetrician and Gynecologist who has practiced medicine in the District of Columbia with Kaiser Permanente for 14 years. Dr. Colden is currently completing the Master of Public Health degree program at the Johns Hopkins Bloomberg School of Public Health with a focus in Women's and Reproductive Health. Dr. Colden completed her BS degree in Anthropology and Zoology at the University of Michigan and MD degree at Wayne State University School of Medicine. Her residency training was completed at the Detroit Medical Center-Hutzel Hospital.

**BRENDAN FURLONG, MD**, is the Clinical Chief of Emergency Medicine at MedStar Georgetown University Hospital (MGUH) where he oversees the clinical operations of the Department while supporting its educational missions. The Emergency Department sees a highly diverse population of 36,000 patients annually. Dr. Furlong also serves as the Chief Medical Information Officer for MGUH. In addition to his role at MGUH, Dr. Furlong

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(continued from page 6)

also serves as Associate Medical Director of MedSTAR Transport, which operates MedStar Health's fleet of ground transport ambulances and critical care transport helicopters.

He holds a faculty appointment at the Georgetown University School of Medicine where he is Associate Professor of Clinical Emergency Medicine, providing clinical instruction to both Georgetown University medical students and residents.

Dr. Furlong received his Bachelor's degree in Biology from the University of Pennsylvania, where he graduated with honors. He received his medical training from the University of Pittsburgh School of Medicine and completed his residency at the Carolinas Medical Center where he also served as Chief Resident.

Dr. Furlong is a Fellow of the American College of Emergency Physicians and a member of the Society for Academic Emergency Medicine.

**HOWARD M. LIEBERS, MPH,** BoMed Consumer Board Member, is currently Special Projects Officer at the DC Department of Health Care Finance in the Office of the Deputy Director for Medicaid. Prior to that, Mr. Liebers served as Director of Policy for the DC Primary Care Association, where he worked on community health center issues in the District of Columbia, including implementation of federal health reform throughout the District. Previously, Mr. Liebers served two terms of service in AmeriCorps with the Community HealthCorps program of the National Association of Community Health Centers (NACHC). He has also worked on policy, grants administration

and communications for NACHC as their Senior Program Officer for Policy and Innovation.

In addition to his policy and advocacy work, Mr. Liebers is the Founder and CEO of MarbleRoad, a non-profit, 501(c)(3) public charity incorporated in Washington, DC, in September 2010. The mission of MarbleRoad is to connect people who have complex illnesses with the resources they need to help them improve their lives. MarbleRoad focuses on rare or undiagnosed diseases and the needs of community health center patients who seek specialty care services not offered by their primary care providers.

Mr. Liebers earned a Master of Public Health degree in Health Policy and Management from New York Medical College in 2007.

## THANK YOU AND FAREWELL TO OUR OUTGOING BOARD MEMBERS JOHN LYNCH, MD AND MIRIAM MARKOWITZ, MSC



*Above: Dr. Orłowski presents tokens of thanks to outgoing Consumer Board Member Ms. Miriam Markowitz. Ms. Markowitz's dedication and contributions to Board discussions proved to be an invaluable asset.*



*Above: Board Chair Dr. Janis Orłowski expresses the Board's thanks to Dr. John Lynch for his many years of dedicated service on the Board. Dr. Lynch served beyond his original term of service, to ensure continuity during Board expansion. Thank you, Dr. Lynch!*

**JEFFREY P. SMITH, MD, MPH, FACEP** is an Associate Professor in the Department of Emergency Medicine and the School of Public Health at the George Washington University Medical Center. He serves as the Director of the Ronald Reagan Institute of Emergency Medicine. He is a native Washingtonian.

Dr. Smith completed residency training in both emergency medicine and internal medicine and remains board certified in both specialties. Since completing training, he has held a full-time faculty position in the Department of Emergency Medicine at the George Washington University Medical Center. He has over 20 years of clinical emergency medicine experience with over 14 years experience in emergency

department management and administration, and currently serves as the Associate Director of Trauma Services.

As the Director of the Ronald Reagan Institute of Emergency Medicine, Dr. Smith directs the international emergency medicine activities of the Institute and has extensive international experience in health care. His areas of interest internationally include emergency medicine policy development, enhancing hospital-based and prehospital clinical and trauma services, injury prevention initiatives, and academic emergency medicine development including faculty development and assisting with the establishment of residency training programs in emergency medicine.

# OPEN LETTER TO DC HEALTH CARE PROFESSIONALS FROM THE UNITED STATES ATTORNEY'S OFFICE FOR THE DISTRICT OF COLUMBIA

(1 February 2013)

**FROM RONALD C. MACHEN, JR., UNITED STATES ATTORNEY**



*Ronald C. Machen, Jr.*

As medical professionals, you likely know that prescription drug abuse is the fastest-growing drug problem in the United States. Estimates are that approximately 7 million Americans currently use prescription psychotherapeutic drugs non-medically. The non-medical use of prescription drugs contributes to nearly 40,000 deaths and almost \$200 billion in health-care costs annually. More Americans die each year from drug-induced deaths than from traffic fatalities. The Centers for Disease Control has labeled prescription drug abuse "an epidemic."

Unfortunately, we in the District of Columbia are not immune to this epidemic. Prescription drug abuse translates into a whole array of violent and non-violent criminal activity for profit conducted by a huge drug dependent group in our community seeking to satisfy their needs for prescription-required pain killers like oxycodone and hydrocodone. Criminals are stealing prescription pads or presenting forged prescriptions for these and other similar analgesics at an alarming rate. Some are acting to satisfy their addictions, others to obtain pharmaceuticals for recreational use, and others to make

easy money by selling these pills to others illegally.

As the United States Attorney for the District of Columbia, I supervise federal prosecutors who investigate and litigate criminal and civil cases brought on behalf of the United States in U.S. District Court and in the Superior Court for the District of Columbia. My office, along with our law enforcement partners, have a strong commitment to the investigation and prosecution of any illegal distribution or diversion of prescription drug controlled substances. But we understand that this public health crisis cannot be addressed by law enforcement alone. We need your help.

Our office is ramping up efforts to counter the diversion of legitimately managed pharmaceuticals to the illegal market. This may impact health care professionals in two significant ways. First, doctors and pharmacists may be subpoenaed to testify in criminal prosecutions. Your testimony will be required to prove, among other things, that the person who presented the forged prescription was not the patient of the doctor, the doctor did not sign the prescription, the prescription was stolen, or the doctor's signature was forged. We understand how disruptive this can be to your busy schedule, but we will need your assistance to prevent the criminal diversion of prescription drugs.

Second, there is unfortunately a small subset of doctors who seek to abuse their licenses by issuing prescriptions for illegitimate purposes. Similarly, a small group of pharmacists knowingly fill such invalid prescriptions. By acting outside the usual course of professional practice, these health care professionals give in to the temptation to profit from this illegal market. We need your help to identify and investigate this small group of wrongdoers who do great harm to the reputation of the medical community.

My office will continue to aggressively investigate and prosecute criminal conduct impacting the health care industry, including illegal drug diversion. To succeed in addressing this threat, we will need to draw on your expertise and work together to bring awareness, to offer education, and to foster new ideas. To begin this dialogue,

Assistant United States Attorneys in my office are available upon request to address medical schools, schools of pharmacology, medical and other health care professional conferences and meetings, in an effort to increase awareness about the legal responsibilities of health care professionals regarding prescribing and dispensing controlled substance pharmaceuticals.

Those interested may contact Wendy Pohlhaus, Executive Assistant U.S. Attorney for External Affairs, at **202-252-6930**, or John P. Dominguez, Assistant U.S. Attorney, at **202-252-7684**, or you may coordinate such requests through Dr. Jacqueline A. Watson, Executive Director of the D.C. Board of Medicine at **202-724-8800**.

We look forward to working together to take a stand against prescription drug abuse. Thank you in advance for your work to help build a safer and healthier District of Columbia.



Assistant U.S. Attorney John P. Dominguez, Esq., and Executive Assistant U.S. Attorney Wendy Pohlhaus, Esq., speak to Board members at their January meeting about the U.S. Attorney's Office focus on addressing opioid prescribing abuse.

## DOH INTERIM DIRECTOR SAUL M. LEVIN, MD, MPA



In November, the Board welcomed the Interim Director of the Department of Health (DOH), Dr. Saul Levin. Dr. Levin met with the Board to share his vision for the department and learn more about the work the Board of Medicine has been doing. Dr. Levin commended the Board and staff on their good work and encouraged continued outreach to external stakeholders, such as the Medical Society of DC, to ensure that patients in the District are provided quality care by competent physicians.

Dr. Levin will be leaving DOH, in July, to assume the role of Chief Executive Officer/Medical Director of the American Psychiatric Association. The Board of Medicine thanks Dr. Levin for his service and dedication to the department and wishes him well in his new role.

## ONLINE OPIOID PRESCRIBING EDUCATION

The FSMB and the FSMB Foundation have announced a partnership with the Boston University School of Medicine CME office to provide free, online education on the new **Safe and Competent Opioid Prescribing Education (SCOPE) of Pain program**.

As you may know, the **FDA recently mandated** that manufacturers of extended release/longacting (ER/LA) opioid analgesics, as part of a Risk Evaluation and Mitigation Strategy (REMS), make available comprehensive prescriber education in the safe use of these medications.

Boston University School of Medicine (BUSM) was recently awarded an unrestricted educational grant by the manufacturers of ER/LA opioid analgesics to provide this education. Launched on March 1, 2013, with the first phase—an online educational activity—the program addresses many key elements of the physician component of the Obama Administration's prescription drug abuse prevention plan on prescriber education released in April 2011.

During the April Annual Meeting in Boston, you may have had an opportunity to explore the Safe and Competent Opioid Prescribing Education (SCOPE) of

Pain program, which was being demonstrated by representatives from Boston University. The program, which is available at **www.scopeofpain.com**, is a free, educational program that has been accredited for a maximum of 3.0 AMA PRA Category 1 Credits™. It is comprised of three (3) educational modules that must be completed in order for the learner to earn their online certificate of credit. This

program may satisfy current risk management and opioid education CME requirements in many states.

In the months since **www.scopeofpain.com** launched, it has been accessed by thousands of clinicians, and their feedback has been overwhelmingly positive. Educational initiatives such as this collaboration are crucial in raising awareness with physicians of the risks opioids pose, while providing a framework to ensure physicians who prescribe opioids do so responsibly and safely.

**In the months since  
www.scopeofpain.com  
launched, it has been accessed  
by thousands of clinicians,  
and their feedback has been  
overwhelmingly positive.**

## DC'S MEDICAL MARIJUANA PROGRAM: INFORMATION FOR PHYSICIANS

Physicians wishing to recommend medical marijuana for patients must request Medical Marijuana Program Physician Recommendation Forms from the DC Department of Health. Recommendation forms are only used to recommend medical marijuana to patients; the form itself is not a prescription. Patients seeking medical marijuana will not be allowed to register for the Medical Marijuana Program without a physician recommendation. To acquire recommendation forms, physicians must **(1) request recommendation forms using the Physician Recommendation Order Form posted online at <http://doh.dc.gov/mmp>; and (2) mail, fax, or email requests to the address as listed on the form. There is no physician registration for DC's Medical Marijuana Program.**

At this time, legislation and regulations allow for the recommendation of medical marijuana for the following: **Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), cancer, glaucoma, and conditions characterized by severe and persistent muscle spasms, such as multiple sclerosis.** Qualifying medical treatments include any of the following: chemotherapy, use of azidothymidine or protease inhibitors, and radiotherapy.

To recommend medical marijuana, physicians must be licensed in good standing to practice medicine (MD/DO) in the District of Columbia and:

- Be in a bona fide physician-patient relationship;
- Complete a full assessment of the patient's medical history and current medical condition, including an in-person physical examination, performed not more than ninety (90) days prior to making the recommendation;
- Have responsibility for the ongoing care and treatment of the patient, provided that such ongoing treatment shall not be limited to or for the primary purpose of the provision of medical marijuana use or consultation;
- Make the recommendation based upon the physician's assessment of the qualifying patient's:
  - a) Medical history and
  - b) Current medical condition;
- Complete a review of other approved medications and treatments that might provide the qualifying patient with relief from a qualifying medical condition or the side effects of a qualifying medical treatment;
- Is not the owner, director, officer, member, incorporator, agent, or employee of a Dispensary or Cultivation Center.

For more information, please visit the Department of Health Medical Marijuana webpage:

<http://doh.dc.gov/mmp>

SAVE THE DATE!

BOARD OF MEDICINE SYMPOSIUM

SEPTEMBER 25, 2013 - 8:00 AM - 2:00 PM

CMEs PROVIDED

## AVOID PURCHASING MEDICATIONS FROM UNLICENSED ENTITIES

The District of Columbia regulations require that medications be purchased from Distributors and Manufacturers registered with the Department of Health.

Please be advised that pursuant to Title 22 of the District of Columbia Municipal Regulations, Chapter 4:

- 400.3 All in-state drug manufacturers, distributors, or wholesalers shall be licensed pursuant to Section 401 of this chapter. All out-of-state drug manufacturers, distributors, or wholesalers shall be registered pursuant to Section 404 of this chapter.

Likewise, Title 22 of the District of Columbia Municipal Regulations, Section 1002

- 1002.1 Every person who manufactures, distributes, dispenses, or conducts research with any controlled substance, or who proposes to engage in the manufacture, distribution, dispensing, or conducting of research with any controlled substance within the District of Columbia shall obtain biennially and maintain current a registration issued by the Director in accordance with this chapter

The Department takes this matter seriously. The purpose of this regulation is to ensure the integrity of the medication supply chain. Registered suppliers maintain records and processes to

prevent counterfeit medications from entering the market. All businesses shipping medications, including controlled substances, into the District of Columbia must be registered with the Pharmaceutical Control Division. The Department recommends that prior to purchasing medications from a manufacturer or wholesale distributor that you receive written documentation from the supplier confirming that they have an active manufacturer and/or wholesaler registration and controlled substance registration where appropriate with the Department of Health.

A prescriber may obtain drugs from a pharmacy for office administration to patient through a written/telephone facsimile/electronic prescription. However, the prescription must be patient specific as per the requirements in Title 22, Chapter 13, and Section 1301 to 1304. Additionally, prescriptions for controlled substances must be written in accordance with Section 1306 for schedule II and Section 1309 for schedule III, IV and V drugs. A prescription sent from a pharmacy with a label "for office use" or any other language conveying the same message cannot be honored since such prescription will not meet the requirement for valid order.

To review the regulations more completely, visit the Pharmaceutical Control Division website at <http://doh.dc.gov/pcd>. If you have any questions, please do not hesitate to contact Patricia D'Antonio, RPh, CGP, Program Manager for Pharmaceutical Control Division at [patricia.dantonio@dc.gov](mailto:patricia.dantonio@dc.gov) or licensing specialist Abena Osae-Ado at [Abena.Osae-Addo@dc.gov](mailto:Abena.Osae-Addo@dc.gov).

### ATTENTION LICENSEES:

**PLEASE TAKE A SURVEY ABOUT YOUR 2012 RENEWAL EXPERIENCE.**

The 2012 Board of Medicine Licensure Renewal Survey is online at:

<http://www.surveymonkey.com/s/bomedrenew>

## PHYSICIAN ASSISTANTS

Rule amendments involving **Physician Assistant Rights and Duties** were published in the D.C. Register on March 22, 2013, and are now in effect (see below and page 13). The rulemaking amends the delegation regulations allowing physician assistants to pronounce death, revises chart signing regulations, and further ensures the relationship between a physician assistant and supervising physician complies with the requirements of chapter 49. The entire rule amendments can be viewed here:

<http://doh.dc.gov/node/151112>



**Howard Straker, MPH, PA-C**, President of the **District of Columbia Academy of Physician Assistants** (center).  
HRLA Senior Deputy Director Feseha Woldu, PhD, looks on.



**Debra Herrmann, MSHS, MPH, PA-C**, Chairperson of the Board's **Physician Assistant Advisory Committee**.

## ANESTHESIOLOGIST ASSISTANTS



**Rudy Hamad, AA-C**, Chairperson of the **DC Anesthesiologist Assistants Advisory Committee**.  
Anesthesiologist Assistants are requesting a change to the law regarding the ratio of supervising Anesthesiologists to AAs to 1:4. They also recommended that a workforce survey be done by the Board to determine where AAs are located, their type of practice, and an annual review of the laws. Mr. Hamad told Board members that Anesthesiologist Assistants are highly trained, and complete 40 hours of CME every two years.

## PHYSICIAN ASSISTANTS PRESCRIBING, DISPENSING, AND ADMINISTERING DRUGS

### 17DCMR 4912.1

All physician assistants may perform those duties and responsibilities, including the ordering, prescribing, dispensing, and administration of drugs and medical devices that are delegated by their supervising physician(s). Each prescription must bear the name of the supervising physician and physician assistant.

In addition, as per DC Regulations, before any licensed prescriber in the District can purchase drugs from a wholesaler, both the prescriber and wholesaler must be registered in the District to conduct such activity. 22 DCMR Chapter 4 addresses regulations for Drug Wholesalers/Distributors.

**Link to Physician Assistants Information:**

<http://doh.dc.gov/node/166752>

**Link to Wholesale/Distributor Regulations:**

<http://doh.dc.gov/node/306432>

# PHYSICIAN ASSISTANT REGULATION CHANGES: WHAT THESE CHANGES MEAN FOR YOU

## Subsection 4902.1 is amended to read as follows

4902.1 An applicant shall furnish proof satisfactory to the Board that the applicant has successfully completed an educational program to practice as a physician assistant accredited by the Committee on Allied Health Education and Accreditation (CAHEA) or its successors by submitting to the Board, with a completed application, a certified transcript and an official statement verifying graduation from an educational program.

### This means:

**All:** This change updates the accreditation body for physician assistant education.

## Subsection 4911.3 is amended to read as follows:

4911.3 Physician assistants may pronounce the death of patients under their care and authenticate with their signature any form that may be authenticated by a supervising physician, consistent with the permission granted by their supervisors, if such is specifically included among the permitted responsibilities outlined in the delegation agreement.

### This means:

#### Supervising Physician:

May now delegate the ability to pronounce death to a physician assistant through the means of the delegation agreement. The delegation of this act must be clearly stated in the delegation agreement. The PA may pronounce death but may not sign the death certificate.

#### Physician Assistant:

May pronounce the death of a patient under the care of their supervising physician if delegated such authority within their delegation agreement.

This change was meant to allow the physician-PA team to take on a more active role in the end of life care of patients.

## Subsection 4914.4 is amended to read as follows

4914.4 It is the obligation of each team of physician(s) and physician assistant(s) to ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of, and access to, the supervising physician(s) is defined; and that a process for evaluation of the physician assistant's performance is established. If the PA is authorized to practice in a licensed health care facility or other practice setting, that entity is also responsible for assuring the above through its credentialing and privileging or equivalent process.

### This means:

**Health care facility:** Any health care facility that credentials a PA is responsible for ensuring that the care provided by that PA is within their scope of practice.

#### Supervising Physician:

It is your responsibility to ensure that the physician assistant you supervise is competent to perform the tasks you delegate and that any other physician who supervises your PA is aware of the competencies, limitations and scope of training of that PA.

#### Physician Assistant:

You must practice in a manner that is consistent with the delegated duties and within the scope of practice set forth by any credentialing institution.

## Subsection 4914.9 is amended to read as follows:

4914.9 Each physician assistant and one of the supervising physicians listed on the delegation agreement must complete a practice advisory review on a quarterly basis and document the review on a form kept on file in a personnel file at the location in which the PA practices.

### This means:

#### Health care facility:

The supervising physician is no longer required to counter-sign all orders, history and physicals, progress notes or charts. As a means of ensuring appropriate oversight and quality assurance of the care provided by the PA, a quarterly review by a supervising physician must occur and be documented on the provided review form. A copy of the form must be kept on file at the location where the PA provides care.

#### Supervising Physician:

You are no longer required to counter-sign all orders, history and physicals, progress notes or charts. As a means of ensuring oversight and quality assurance of the care provided by the PA, a quarterly review by a supervising physician must occur and be documented on the provided review form. A copy of the form must be kept on file at the practice site where the PA provides care.

#### Physician Assistant:

You are no longer required to obtain counter-signature on all orders, history and physicals, progress notes or charts if agreed on by your supervising physician. If you are credentialed by a health care facility you must however abide by the regulations set forth by that facility; regulations which may require counter-signature. To ensure you are practicing as a team and that proper supervision is in place, you must complete a quarterly review meeting. The quarterly review meeting provides an additional opportunity for you and your supervising physician to discuss the patient care you provide, any relevant practice updates and review complex cases in order to improve the efficiency and effectiveness of the team.

Questions regarding PA regulation changes may be directed to Ajay Gohil, Esq., at [ajay.gohil@dc.gov](mailto:ajay.gohil@dc.gov).

## TELEMEDICINE TASKFORCE

By Deniz Soyer, MBA, Health Licensing Specialist

The Board of Medicine Telemedicine Taskforce has been meeting regularly to develop guidelines, regulations, and a statute that will ultimately govern the practice of telemedicine in the District of Columbia.

The taskforce, consisting of a multidisciplinary group of area healthcare professionals, met with Executive Directors from the Board of Nursing, Dentistry, and Pharmacy in November 2012 to gain their input on the proposed telemedicine statute. The taskforce held its first meeting of the year in February to finalize the current draft of the statute, which was presented to the Board in March.

Taskforce members also attended hearings at DC Council regarding the Telemedicine Reimbursement Act of 2012. HPLA Senior Deputy Director, Dr. Feseha Woldu, and Board of Medicine Executive Director, Dr. Jacqueline Watson, testified before Council in November 2012 and February 2013, discussing the taskforce progress toward statute development.

By the end of the fiscal year, the Board will have telemedicine guidelines made available to the public on the Board of Medicine website. The guidelines will define telemedicine and outline expected behaviors as well as requirements for practitioners planning to practice telemedicine in the District. The taskforce's main priority was to recommend telemedicine policies that best protect the public.



Telemedicine Taskforce representatives making recommendations to the Board: **Molly Reyna**, Executive Director of Telehealth and Videoconferencing Services at Children's National Medical Center, with **Farooq Mohyuddin, MD**, Director Psychiatry Residency Training at DMH-Saint Elizabeths Hospital and **David Brennan, MBE**, Director, Telehealth Initiatives, MedStar Institute for Innovation.

## TELEMEDICINE REIMBURSEMENT ACT HEARING



BoMed Executive Director Dr. Watson gave testimony, on behalf of the Board, at Telemedicine Reimbursement Act hearing, before Councilmember Vincent Orange.

## MEDISPA/COSMETIC MEDICINE TASKFORCE

By Lisa Robinson, Health Licensing Specialist

The Board of Medicine's Medispa Taskforce was convened in 2011 to address the pressing need for legislation regarding local medispas, which often allow non-medical professionals to perform procedures that can cause burns, scarring, and other side effects. The taskforce consists of Board members and local medical professionals of various specialties, and has sought input from the Dental and Nursing Boards as well. To date, great progress has been made. The taskforce has classified establishments into levels of risk based on the procedures being performed, and has determined which medical professionals should perform them.

**Level I** (low risk; not classified as a medispa), **Level II** (intermediate risk), and **Level III** (high risk). The taskforce will recommend the training experience necessary to perform the services in each category.

Final legislation will be completed by the end of the fiscal year and medispa guidelines will be made available to the public.



Medispa Taskforce representatives **Cheryl Burgess, MD** and **Eliot Battle, MD**, making recommendations to the Board.

## ATTENTION ALL MANDATORY REPORTERS

The Department of Human Services, Family Services Administration, Adult Protective Services (APS) has published a Mandatory Reporter's brochure and developed an accompanying curriculum. This is a District-wide initiative to better protect our vulnerable adult population 18 years and older, while informing and increasing awareness with regard to mandatory reporting of abuse, neglect, self-neglect and financial exploitation.

**According to District Law §7-1903, all Mandatory Reporters must immediately report all suspected incidents of abuse, neglect, self-neglect or exploitation** to Department of Human Services, Family Services Administration, Adult Protective Services (APS).

Contact APS by dialing **(202) 541-3950** 24 hours a day, seven days a week. The implementation of the curriculum is scheduled to occur in two phases. Phase I (instructor led) will be available through District Columbia Department of Human Resources by late summer. Phase II (web based) is expected to be available online by the end of the current fiscal year (September 30th).

For more information, please contact Dr. Sheila Jones, Chief, Adult Protective Services at (202) 299-2155, or email [sheilay.jones@dc.gov](mailto:sheilay.jones@dc.gov), or Patricia Evans, Senior Advisor, Department of Human Resources at (202) 442-9639.



Dr. Sheila Jones, Chief, Adult Protective Services

**CALL (202) 541-3950  
24 HOURS A DAY, 7 DAYS A WEEK**

**Board of Medicine licensees  
and other health care professionals  
are mandatory reporters.**

## HIV/AIDS Continuing Medical Education



**Marilyn Johnson**, Director of Provider Outreach for the Pennsylvania/Mid Atlantic AIDS Education and Training Center (Howard University Local Performance Site), speaks to Board members about her organization's CME offerings. For information about [CME addressing HIV/AIDS issues](#), visit their website at [www.pamaaetc.org](http://www.pamaaetc.org).

## Notice of Proposed Rulemaking amending HIV reporting from the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)



Above, **Dr. Gregory Pappas**, Sr. Deputy Director of the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA), speaks to Board.

On May 3, 2013 the DC Department of Health published a Notice of Proposed Rulemaking amending HIV reporting in the public register. **This amendment will now require the reporting of pregnancy in HIV-infected women to the Department of Health.** This change is being made so that DOH can ensure the health of pregnant women, prevent the transmission of a communicable disease and offer any medical and/or social services they may require. The full text of the amendment is available in the D.C. Municipal Regulation and D.C. Register.

## WORKFORCE SURVEY

The second biennial Board of Medicine Physician and Physician Assistant Workforce Capacity Survey was administered during the 2012 renewal cycle. The 2012 survey, which had a 58% response rate, will build on essential demographic and practice behavior data captured in the 2010 survey, while focusing on more specific areas of the workforce, such as practice characteristics of primary care practitioners. Analysis of the recent survey data is currently underway. A detailed report on survey findings will be published and made available to the public in September 2013.

—Deniz Soyer, MBA,  
Health Licensing Specialist

## FSMB Roundtable Discussion



State boards discussed licensure portability and telehealth, in Texas, in January. ED Dr. Watson, and Board member Dr. Andrea Anderson, represented the Department. State medical boards are being challenged to address expediting licensure for qualified applicants to facilitate interstate practice.

## BOARD PUBLIC ORDERS

October 1, 2012 - July 1, 2013

### REVOKED

**Tomasino, Vincent** (11/28/12) – The physician's license was administratively revoked after voluntary surrender in lieu of further investigation or formal charges, related to sexual misconduct. **[Psychiatry & Neurology]**

**Jackson, Lewis** (1/30/13) – The physician's license was surrendered, then revoked based on criminal charges in the District of Columbia and Georgia, related to sexual abuse of inmates. **[Family Practice]**

**Jackson, Lewis** (2/14/13) – Amended Order - The physician's license was surrendered, then revoked based on criminal charges in the District of Columbia and Georgia, related to sexual abuse of inmates. **[Family Practice]**

**Kirchhoff, Gary T.** (4/24/13) – The physician's license was revoked based on an Army action revoking his privileges and an Illinois reciprocal action. The actions were due to standard of care issues related to his administering of anesthesia. **[Anesthesiology]**

**O'Brien, Stephen** (6/13/13) – Physician assistant volunteered surrendered license after Board issued a notice of intent to take disciplinary action for failing to comply with negotiated settlement agreement. Following surrender of license, Board issued final order of revocation. **[Physician Assistant]**

**Salerian, Alen** (7/1/13) – Physician's license was revoked after an evidentiary hearing and exceptions, in which the Board found and concluded that the physician prescribed controlled substances not in accordance with accepted medical standards, over prescribing narcotics, and failing to follow protocols in prescribing opioids. **[Psychiatry]**

### SUMMARILY SUSPENDED

**Mirczak, John** (4/17/13) – The physician's license was summarily suspended, based on evidence of overprescribing controlled substances, failure to perform clinical work-ups or substantiate prior clinical history, and failure to maintain adequate records. **[Psychiatry]**

**Johnson, Desmond** (6/24/13) – DOH summarily suspended license based on summary suspension by Maryland Board of Physicians. The Maryland Board's action was based on physician's failure to follow protocols in prescribing narcotics in its review of 12 patient records. **[Psychiatry]**

### SUSPENDED

**Beals, Paul V.** (11/26/12) – The physician's license was suspended, then eligible for reinstatement with specific terms and conditions, based on a complaint alleging aiding and abetting the practice of an unlicensed person. **[Family Medicine]**

**Nwosu, Okenwa** (12/19/12) – The physician's license was suspended for a minimum of six months, then placed on probation for 2 years with terms and conditions. **[Surgery]**

### PROBATION

**Greene Peter** (11/28/12) - The physician's 7/6/12 summary suspension was lifted, and his license was placed on probation with monitoring terms. **[Dermatology]**

**Prayaga, Rama S.** (11/28/12) – The physician was placed on probation, fined, and restricted from supervising physician assistants, based on inadequate supervision of physician assistants, aiding the practice of an unlicensed individual, and allowing others access to pre-signed prescription pads. **[Psychiatry & Neurology]**

**Cohen, Max H.** (12/19/12) - The physician's license was placed on probation for five years, based on a Maryland action regarding overutilization of health care services, standard of care, and record keeping. **[Surgery]**

**Okoji, Godwill** (1/10/13) – The physician's license was reprimanded and placed on probation based on a Maryland action related to unprofessional conduct (allowing the use of pre-signed prescriptions). **[Internal Medicine]**

**Match, Joel** (1/10/13) – The physician's license was placed on probation, along with a permanent restriction from assessing, treating, managing, prescribing to, or consulting with patients with chronic pain, and is prohibited from supervising the treatment of such patients by other healthcare providers. **[Ob/Gyn]**

(continued on page 18)

## BOARD ORDERS (continued from page 17)

**Debra, Kwasi** (1/29/13) – The physician's license was placed on probation with terms, based on a Maryland action for unprofessional conduct, willfully making or filing a false report, and failure to keep adequate medical records. **[Ob/Gyn]**

**Mahon, Melvyn** (1/30/13) – The physician's 6/26/12 Order was amended, based on the Arizona amended sanction. Penalty is now Reprimand and Probation with practice monitoring. **[Internal Medicine]**

**Lahr, Daniel** (2/27/13) – The physician's license was reprimanded and placed on probation with terms requiring compliance with the Maryland Board order, employment reporting, and medical ethics and professional relations course, until Maryland order is terminated. **[Orthopedic Surgery]**

**Hankerson, James** (3/14/13) – The physician was reprimanded and placed on probation with terms and conditions (course in record keeping) based on a 5/2012 Florida action related to a wrong site or unauthorized procedure and inaccurate record keeping. **[Anesthesiology]**

**Fischer, David J.** (4/19/13) – The physician's license was reprimanded and placed on probation with terms, based on a Maryland action related to inappropriate prescribing to family members. **[Psychiatry]**

**Wright, Mofikpara** (5/7/13) – The physician's license was reprimanded and placed on probation with terms, based on a Maryland action related to failure to meet the standard for acceptable conduct, failure to meet the standard for quality surgical care, and failure to keep adequate medical records. **[Internal Medicine]**

**Akhigbe, Ehigiator** (5/7/13) – Re-application of the physician's license is permitted subject to conditions: probation, fines, community service, pass the SPEX examination, CME, and clinical and business monitoring. **[Pediatrics]**

**Jones, Deborah** (5/13/13) – Physician reprimanded and placed on indefinite probation as a reciprocal action to Virginia Board of Medicine's disciplinary action against physician. **[Pediatrics]**

**FINED**

**Nnawuchi, Ikechi** (1/10/13) – The physician was fined for failing to comply with a previous private consent order in a timely manner. **[Psychiatry]**

**Clark, Barry** (3/14/13) – The physician was reprimanded, fined, and required to take courses in proper prescribing of controlled substances, based on a 2011 Virginia action related to aiding and abetting unlicensed practice of medspa procedures, and prescription violations. **[Family Medicine]**

**Sorem, Kevin** (P.A.) (3/26/13) – The physician assistant was fined and ordered to take CME regarding billing and record keeping, based on SOC issues related to a nursing home patient. **[Physician Assistant]**

**Gerald, Melvin** (4/11/13) – The physician was fined and ordered to take CME regarding billing and record keeping, based on SOC issues related to a nursing home patient. **[Family Medicine]**

**Elamin, Fuad** (6/21/13) – The physician was fined, reprimanded, and required to update his physician profile, based on failure to respond to inquiries of the Board. **[General Surgery]**

**Ang, Joel** (6/25/13) – The physician was fined and required to take CME courses in practice management, ethics, and record keeping, and undergo practice monitoring, based on a complaint regarding incorrect diagnoses and records. **[Family Medicine]**

**REPRIMANDED**

**Baecher, Nicholai** (3/14/13) – The physician was reprimanded and required to take a course in professional ethics, based on a 8/2012 Virginia action related to inappropriate prescribing to friends. **[Orthopedic Surgery Resident]**

**ORDERS TERMINATED**

**Perlman, Ronald S.** (12/12/12) – The physicians Order of 6/27/2007 and the 3/2011 modification Order were both terminated, per compliance with the Order. **[Plastic Surgery]**

**Sim, Wee Lim** (12/13/12) – The physicians Order of 9/9/2010, based on a Canada action regarding fitness to practice was terminated, per compliance with the Order. **[Ob/Gyn]**

**Cohen, Joel** (4/11/13) – The physician's 2007 Consent order was terminated due to full compliance and satisfaction of the terms. **[Psychiatry]**

(continued on page 19)

## BOARD ORDERS (continued from page 18)

**DENIED**

**Bayme, Lloyd** (2/14/13) – The physician's application for licensure was denied based on his criminal history and multiple Board actions in other states, related to prescribing issues and criminal sale of controlled substances. **[Family Practice/Surgery]**

**SURRENDERED**

**Schwartzberg, Allen A.** (5/16/13) – The physician surrendered his license in lieu of further action, based on reciprocal action regarding Maryland's summary suspension. Maryland's action was related to a patient complaint and evaluations that revealed cognitive dysfunction. **[Psychiatry]**

**OTHER**

**Brown, Jr., William** (10/12/12) – The physician's 5/27/10 order was amended due to lack of practice, and now only requires notification of return to DC practice, and a practice re-entry plan at that time. **[Family Medicine]**

**Hackney, David** (11/8/12) – The physician was ordered to complete 10 hours CME in prescription management, for using the pre-signed prescriptions of his supervising physician. **[Psychiatry]**

**Carregal, Valerie Augello** (2/22/13) – The physician was required to take CME courses, provide a corrective action plan, and submit to a random office audit, based on a patient complaint of HIPAA violations. **[Allergy & Immunology]**

**Srivastava, Pradeep** (3/14/13) – The physician's license was reinstated with practice supervision terms, board recertification, and course work in medical ethics, internal medicine, and cardiology – based a 2009 criminal conviction for tax evasion and subsequent prison term. **[Internal Medicine]**

**King, Dwight** (5/22/13) – The physician's license was reinstated with terms and conditions for a re-entry plan (SPEX, CME, supervision). **[Psychiatry]**

**Okafor, Ndubuisi J.** (5/22/13) – The physician's license was reinstated with terms and conditions for a re-entry plan (SPEX, CME, supervision). **[Internal Medicine]**

**BoMed STATS****COMPLAINTS & PRIVATE ORDERS**

OCTOBER 1, 2012 – JULY 1, 2013

COMPLAINTS RECEIVED = 57

PUBLIC ORDERS = 46

NEGOTIATED SETTLEMENT AGREEMENTS = 36

**ACTIVE LICENSEES**

AS OF JUNE 26, 2013

MEDICINE & SURGERY (MD)	9,143	MEDICAL TRAINING LICENSEES (MTL)	1,716
OSTEOPATHY & SURGERY (DO)	194	MEDICAL TRAINING REGISTRANTS (MTR)	243
PHYSICIAN ASSISTANTS (PA-C)	543	POLYSOMNOGRAPHIC TECHNOLOGISTS	
ACUPUNCTURISTS (ACU)	138	(RPSGT)	52
ANESTHESIOLOGIST ASSISTANTS (AA)	28	POLYSOMNOGRAPHIC TECHNICIANS	0
NATUROPATHIC PHYSICIANS (ND)	28	POLYSOMNOGRAPHIC TRAINEES	11
SURGICAL ASSISTANTS (SA)	64	<b>TOTAL ACTIVE LICENSEES:</b>	<b>12,160</b>

**SAVE THE DATE!****BOARD OF MEDICINE SYMPOSIUM****SEPTEMBER 25, 2013 8:00 AM - 2:00 PM CMEs PROVIDED**

## FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed DC physician or other licensee under the authority of the Board, go to <http://doh.dc.gov/node/192802> to download and complete the complaint form and mail to:

DC Board of Medicine  
899 North Capitol Street NE, First Floor  
Washington, DC 20002

You can also fax the complaint to the Board at (202) 442-8117.

If your complaint alleges unlicensed activity, you should address your complaint to:

Timothy Handy, Esq., Supervisory Investigator  
Health Regulation and Licensing Administration  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

Fax your complaint about unlicensed activity to (202) 442-4924.

*Please Note: Complaints may take up to 120 business days (5 months) to be resolved. Please be advised that the Board of Medicine does not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you may seek redress through the civil courts.*



Government of the District of Columbia  
Vincent C. Gray, Mayor



### DC BOARD OF MEDICINE

Est. 1879

#### Address

Health Professional  
Licensing Administration  
Department of Health  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

Office Hours: 8:15 am to 4:45 pm,  
Monday - Friday (except District holidays).

Web page [www.doh.dc.gov/bomed](http://www.doh.dc.gov/bomed)

#### Phone numbers

(202) 724-4900  
(877) 672-2174

#### Fax number

(202) 442-8117

Interim Director  
Department of Health  
Saul M. Levin, MD, MPA

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Jacqueline A. Watson, DO, MBA

Health Licensing Specialists

Lisa Robinson

Deniz Soyer, MBA

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