MINUTES
Monthly Meeting
MEDICAL LICENSURE COMMISSION OF ALABAMA
Meeting Location: 848 Washington Avenue
Montgomery, Alabama 36104

January 25, 2023

MEMBERS PRESENT IN PERSON

Craig H. Christopher, M.D., Chairman
Jorge Alsip, M.D., Vice-Chairman
Kenneth W. Aldridge, M.D.
Howard J. Falgout, M.D.
Gary Hill, D.O.
L. Daniel Morris Esq.
Pamela Varner, M.D.

MEMBERS NOT PRESENT

MEMBERS PRESENT VIRTUALLY

Paul M. Nagrodzki, M.D.

MLC STAFF

Aaron Dettling, General Counsel, MLC
Rebecca Robbins, Operations Director (Recording)
Nicole Hardy, Administrative Assistant (Recording)
Heather Lindemann, Licensure Assistant

OTHERS PRESENT

Brandy Boone, General Counsel, MASA

BME STAFF

Buddy Chavez, Investigator
Anthony Crenshaw, Investigator
Becky Daniels, Investigator
Randy Dixon, Investigator
Amy Dorminey, Operations Director
Greg Hardy, Investigator
Chris Hart, Technology
Matt Hart, Special Legal Counsel
Effie Hawthorne, Associate General Counsel
Wilson Hunter, General Counsel
Roland Johnson, Physician Monitoring
Stephen Lavender, Investigator
William Perkins, Executive Director
Ben Schlemmer, Investigator
Scott Sides, Investigator

Call to Order: 9:00 a.m.

Prior notice having been given in accordance with the Alabama Open Meetings Act, and with a quorum of eight members present, Commission Chairman, Craig H. Christopher, M.D. convened the monthly meeting of the Alabama Medical Licensure Commission.

OLD BUSINESS

Minutes

Commissioner Aldridge made a motion that the Minutes of December 21, 2022, be approved. A second was made by Commissioner Alsip. A roll call vote was taken. The votes were: Christopher, aye; Falgout, aye; Hill, aye; Morris, aye; Varner, aye; and Nagrodzki, aye.

NEW BUSINESS

Full License Applicants

	Name	Medical School	Endorsement
1.	Zviadi Aburjania	Tbilisi State Medical University	USMLE
2.	Sergio A Acuna Mancilla	Pontificia Universidad Javeriana	USMLE
3.	Oreoluwa Victoria Adekunle	Morehouse School Of Medicine	USMLE
4.	Zan Ahmed	Dow Medical College, University of Karachi	USMLE
5.	Albert Amran	University of Texas - Houston Medical School	USMLE
6.	Thomas Brent Anderson	Edward Via College of Osteo Med, Carolinas Campus	COMLEX
7.	Victor Aaron Bowden	Morehouse School Of Medicine	USMLE
8.	Isabel Jeannette Brea	Universidad Nacional Pedro Henriquez Urena	USMLE/PA
9.	Gregory F Bredemeier	University of Mississippi School of Medicine	FLEX/MS
10.	Melody Floyd Byram	Des Moines University of Osteopathic Medical Center	COMLEX/MS
11.	Karen Campbell	Augusta University	USMLE
12.	Deboki Nandan Chaudhuri	Eastern Virginia Medical School	USMLE/VA
13.	Shirley Chen	Nova Southeastern University College of Medicine	COMLEX/FL
14.	Daniel Hunter Clausing	University of Kansas School of Medicine	USMLE
15.	Jessica Ann Cook	University of South Alabama College of Medicine	USMLE
16.	Jeffrey Kyle Cooper	Harvard Medical School	USMLE/SC
17.	Leo Alexandro Damasco	Uniformed Services University	USMLE/TX
18.	Somnath Das	Jefferson Medical College of Thomas Jefferson Univ	USMLE
19.	Oluwatobi Dawodu	University of Kansas School of Medicine	USMLE/KS
20.	Jason Eric Edling	University of Texas Medical School at Galveston	FLEX/TX
21.	Bryan Warren Goolsby	Emory University School of Medicine	USMLE/NC
22.	Sandeep Kumar Gupta	University of Ibadan	FLEX/IL

	Name	Medical School	Endorsement
23.	Muhammad Haris	Shifa College of Medicine	USMLE/TX
24.	Andrew Robert Harner	Augusta University	USMLE/TX
25.	Cetin Hekimoglu	University of Istanbul School of Medicine	FLEX/MI
26.	Kasey Leigh Helmlinger	American University of the Caribbean	USMLE
27.	Bryce Allen Hendrix	Arkansas College of Osteopathic Medicine	COMLEX
28.	Rania Hito	Boston University School of Medicine	USMLE/MA
29.	Kaitlyn Marie Hooper	Mercer University School of Medicine	USMLE
30.	Hisham A Osman Ibrahim	University of Gezira	USMLE/IA
31.	Ammoura M A Ibrahim	Saba University School of Medicine	USMLE/FL
32.	Natalie Nicole Jewett	University of Missouri School of Medicine Columbia	USMLE
33.	Brantley Tilman Jolly	Wake Forest University School of Medicine	NBME/DC
34.	Harkirat Kaur	University of Medicine and Health Sciences, St. Kitts	USMLE
35.	Russell Phelps Kelley	Harvard Medical School	USMLE/CA
36.	Zahra Kiran	Allama Iqbal Medical College, Univ of the Punjab	USMLE/MD
37.	Audrey Elora Kos	St Georges University of London	USMLE
38.	Taylor Renee Lahasky	LSU Medical Center In Shreveport	USMLE
39.	Natalie Ida Larsen	Ross University	USMLE
40.	Samantha Noel Lee	University of South Alabama College of Medicine	USMLE
41.	James Gerard Lennon	West Virginia School of Osteopathic Medicine	USMLE/SC
42.	Glenn Allen Loomis	Ohio State Univ College of Medicine & Public Health	NBME/IN
43.	Tilottama Majumdar	All India Institute of Medical Sciences	USMLE/TX
44.	Mosumi Majumder	American University of Antigua	USMLE/NY
45.	Adil Justin Malek	University of Alabama School of Med Birmingham	USMLE/TX
46.	Jeanetta Morgan Malone	University of South Alabama College of Medicine	USMLE
47.	Michelle Ariel Mangold	Touro U College of Osteopathic Medicine	COMLEX/MO
48.	Mark A Millett	Edward Via College of Osteo Medicine, Carolinas	COMLEX
49.	Claire Mary Olivia Motyl	University of Rochester School of Medicine	USMLE
50.	Mahvash Mozafarian	Dubai Medical College For Girls	USMLE
51.	Ayesha Munir	Aga Khan Medical College, Aga Khan University	USMLE/DC
52.	Kenneth Robert Murray	Univ at Buffalo - SUNY School of Med & Biomed Sci	NBME/NY
53.	Amila Vimara Nissanka	Windsor University	USMLE/WI
54.	Oreoluwa Oyetan	Howard University College of Medicine	USMLE
55.	Anita Pabani	American University of The Caribbean	USMLE
56.	Darren Hemet Patel	Edward Via Virginia College of Osteopathic Medicine	COMLEX
57.	Alexandria Skye Penwell	University of South Carolina School of Medicine	USMLE
58.	Sasank Peramsetty	University of South Alabama College of Medicine	USMLE/FL
59.	Anthony Steele Perry	Tulane University School of Medicine	USMLE/MA
60.	Max Steven Pitman	Columbia Univ College of Physicians & Surgeons	USMLE/NY
61.	Derek Brett Pollard	Augusta University	USMLE/GA
62.	Mustafeez Ur Rahman	Khyber Medical College, University of Peshawar	USMLE
63.	Jessica Ramos	Edward Via College of Osteopathic Medicine - Auburn	COMLEX
64.	Prerana Ruth Rodrigues	Saint Georges University	USMLE

	Name	Medical School	Endorsement
65.	Andrew Seth Rosenzweig	University of Michigan Medical School	NBME/PA
66.	Hugh Harvey Ryan	Univ of Missouri Kansas City School of Medicine	USMLE/MI
67.	Rikkele Lyn Saefkow	University of New Mexico School of Medicine	USMLE/FL
68.	Amr Adel Ali Salama	Ain Shams University Faculty of Medicine	USMLE/NY
69.	Hector Santiago-Belledonne	Cayetano Heredia University	USMLE/NM
70.	Ronald Merle Sayers	Ohio State Univ College of Medicine & Public Health	USMLE/NC
71.	Alicia Marie Schnebelen	University of Arkansas College of Medicine	USMLE
72.	Elizabeth Anne Scott	Lincoln Memorial Univ Debusk College of Osteo Med	COMLEX
73.	Jonathan H Joseph Sharley	Loma Linda University School Of Medicine	USMLE
74.	Suyansh Sharma	St Georges University of London	USMLE
75.	Kyle Sheppard	University of Texas - Houston Medical School	USMLE
76.	Daniel Josef Shults	Lincoln Memorial Univ Debusk College of Osteo Med	COMLEX
77.	Matthew Slief	University of Oklahoma Health Science Center	USMLE
78.	Daniela Tenorio Velasquez	Technological University of Pereira	USMLE/UT
79.	Kiara Leanne Touros	Alabama College of Osteopathic Medicine	COMLEX
80.	Alena Varantsova	New York College of Osteopathic Medicine	COMLEX/NY
81.	Todd Christian Veale	LSU School of Medicine New Orleans	USMLE
82.	Joshua Lloyd Washington	University of Alabama School of Med Birmingham	USMLE
83.	Jonathan Richard Watson	Vanderbilt University School of Medicine	USMLE/GA
84.	Monica Moore White	Morehouse School Of Medicine	USMLE/GA
85.	Ali Khurshid Yousuf	Alabama College of Osteopathic Medicine	COMLEX/LA
86.	Adnan Zubair	Rosalind Franklin University of Medicine and Science	USMLE/MN
87.	Falone Amoa	Georgetown University School of Medicine	USMLE
88.	*Amy Nicole Hudson	UAB	USMLE
89.	*Iuliana Kiliment	Carol Davila Univ of Medicine and Pharmacy	USMLE/VA
90.	*Ty Paul Perkins	Kirksville College of Osteopathic Medicine	COMLEX/MO
91.	*Stanley Grant Unfried	University of Kentucky College of Medicine	USMLE
92.	*Robert Kenneth Walker	Ross University	USMLE/MI
93.	*Matthew James Byrd	UAB	USMLE
94.	Craig Raymond Jones	Oklahoma State College of Osteo Med Tulsa	COMLEX/OK
95.	**Daniel Lee Myles	Edward Via College of Osteopathic Medicine Auburn	COMLEX
96.	***Michael Funderburk	Univ of Missouri Kansas City School of Medicine	NBME

**Approved pending acceptance and payment of NDC issued by BME.*
***Approval pending acceptance and payment of NDC issued by BME and acceptance of Voluntary Restriction on COQ.*
****Approval contingent upon execution of an APHP Assistance Agreement.*

Limited License Applicants

	Name	Medical School	End.	Location	Type
1.	Ahmed Ahmed Ali	Menoufia University Faculty of Medicine	LL/AL	UAB Huntsville IM Res Pro	R

2.	Lesley Ilene Balbirnie	All Saints University School of Medicine	LL/AL	NAMC IM Res Pro	R
3.	Philip G E Botelho	Alabama College of Osteopathic Medicine	LL/AL	NAMC IM Res Pro	R
4.	Rene Bredel	Charité Medical University Berlin	LL/AL	NAMC IM Res Pro	R
5.	Sarah M Atia Elsayed	Ain Shams University Faculty of Medicine	LL/AL	NAMC IM Res Pro	R
6.	Renato A F Espadin	Cayetano Heredia University	LL/AL	NAMC IM Res Pro	R
7.	George Hayden Gunn	USA College of Medicine	LL/AL	UAB Huntsville IM Res Pro	R
8.	Udita Gupta	Lady Hardinge Medical College, Delhi	LL/AL	UAB IM Res Pro	R
9.	Sunpil Hwang	Seoul National University	LL/AL	NAMC IM Res Pro	R
10.	Mohamed K Ibrahim	Faculty of Medicine, Suez Canal University	LL/AL	UAB Dept of Radiology	F
11.	Sanjana V Jarrett	Arkansas College of Osteopathic Medicine	LL/AL	UAB IM Res Pro	R
12.	Olufadejimi Kareem	Windsor University	LL/AL	Cullman Regional	F
13.	Jaskaranpreet Kaur	Dayanand Med Center & Hosp, Punjab	LL/AL	NAMC IM Res Pro	R
14.	Dania Kaur	Sri Guru Ram Das Inst of Med Sci & Res	LL/AL	NAMC IM Res Pro	R
15.	Navneet Kaur	Baba Raghav Das Med C Gorakhpur Univ	LL/AL	NAMC IM Res Pro	R
16.	Manish KC	Tribhuvan University	LL/AL	NAMC IM Res Pro	R
17.	Pranayraj Kondapally	USA College of Medicine	LL/AL	UAB IM Res Pro	R
18.	Mohamed Morsy	Assiut University	LL/AL	UAB Ortho Surgery	SP
19.	Jeffrey Paul Naifeh	Arkansas College of Osteo Med	LL/AL	NAMC IM Res Pro	R
20.	Tyler James Newell	UAB	LL/AL	UAB IM Res Pro	R
21.	Shaan Barindra Patel	LSU Medical Center in Shreveport	LL/AL	UAB IM Res Pro	R
22.	Shaista A. Qureshi	Fatima Jinnah Med for Women, Punjab	LL/AL	Crestwood Medical Center	VP
23.	Kayla Nicole Ramirez	Edward Via Virginia College of Osteo Med	LL/AL	U of AL Huntsville IM Res	R
24.	Giovanna R Chavez	Cayetano Heredia University	LL/AL	UAB IM Res Pro	R
25.	Kaehler James Roth	UAB	LL/AL	UAB Huntsville IM Res Pro	R
26.	Shahad H Salman	Monash University	LL/AL	UAB Medical Genetic Res Pro	R
27.	Ian Sweitzer	Lincoln Mem U Debusk, Col of Osteo Med	LL/AL	UAB Huntsville IM Res Pro	R
28.	Brandon Michael Toy	LSU Medical Center in Shreveport	LL/AL	Brookwood Baptist IM Res	R
29.	Dakota Tyler Turner	Edward Via C of Osteo Med, Carolina	LL/AL	UAB Huntsville IM Res Pro	R
30.	Manish Wadhwa	Government Medical College Patiala	LL/AL	NAMC IM Res Pro	R

Retired Senior Volunteer Applicants

	Name	Location
1.	Herman Joseph Fritz	Good Samaritan Clinic

A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve all Full, Limited, and Retired Senior Volunteer applicants listed above for licensure. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Hill, aye; Varner, aye; and Nagrodzki, aye.

IMLCC Report

The Commission received as information a report of the licenses that were issued via the Interstate Medical Licensure Compact from December 1, 2022, through December 31, 2022. A copy of this report is attached as Exhibit "A".

APPLICANTS FOR REVIEW

Brice C. Burke, M.D.

A motion was made by Commissioner Nagrodzki with a second by Commissioner Alsip to set a hearing in this matter for February 22, 2023. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Hill, aye; Morris, aye; and Varner, aye. A copy of the Commission's order is attached as Exhibit "B".

REQUESTS

Oscar D. Almeida, M.D.

The Commission considered a request filed by Dr. Almeida to reinstate his license to a full and unrestricted status. A motion was made by Commissioner Alsip with a second by Commissioner Hill to deny Dr. Almeida's request to lift the probation on his Alabama medical license based on the request being filed prematurely. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Morris, aye; Varner, aye; and Nagrodzki, aye. A copy of the Commission's order is attached as Exhibit "C".

A second motion was made by Commissioner Alsip with a second by Commissioner Morris to communicate with Dr. Michael Seely of Acumen for more specific recommendations in terms of Dr. Almeida's ability to safely practice telemedicine with or without a chaperone. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Hill, aye; Varner, aye; and Nagrodzki, aye.

A third motion was made by Commissioner Aldridge with a second by Commissioner Morris to issue an order requiring Dr. Almeida to submit all delinquent payments for the months of September 2022 through February 2023 in the mounts of $14,658.00, no later than February 28, 2023. Failure to comply with this order will result in a revocation hearing to be scheduled for March 23, 2023. A roll call vote was taken. The votes were: Christopher, aye; Alsip, aye; Falgout, aye; Hill, aye; Varner, aye; and Nagrodzki, aye. A copy of the Commission's order is attached as

Exhibit "D".

Barry Lumpkins, M.D.

A request was made by Dr. Lumpkins for the Commission to clarify whether he has a full and unrestricted license, or if participation with APHP is a condition of licensure. A motion was made by Commissioner Alsip with a second by Commissioner Morris to have Aaron Dettling, General Counsel, communicate to Dr. Lumpkins that per the Commission's most recent order he has a full unrestricted medical license and is not required to participate with APHP. However, the Commission encourages Dr. Lumpkins to utilize the resources available to him through APHP. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Hill, aye; Varner, aye; and Nagrodzki, aye. A copy of the correspondence is attached as Exhibit "E".

Jeffrey Coykendall, M.D.

The Commission considered a request filed by Dr. Coykendall to lift the restrictions placed on his Alabama medical license. A motion was made by Commissioner Alsip with a second by Commissioner Morris to lift the restrictions on Dr. Coykendall's Alabama medical license contingent upon the Board's removal of restrictions placed on his Certificate of Qualification and a Voluntary Agreement with the Board to provide quarterly therapist reports. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Hill, aye; Varner, aye; and Nagrodzki, aye. A copy of the Commission's order is attached as Exhibit "F".

REPORTS

Physician Monitoring Report

The Commission received as information a physician monitoring report dated January 19, 2023.

Lauren Duensing, M.D.

A motion was made by Commissioner Alsip with a second by Commissioner Hill to enter an order setting a reinstatement hearing for February 22, 2023. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Morris, aye; Varner, aye; and Nagrodzki, aye. A copy of the Commission's order is attached as Exhibit "G".

ADMINISTRATIVE FILINGS

Thomas L. Baumann, M.D.

The Commission received an Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Alsip with a second by Commissioner Hill to enter an order setting a hearing for April 17, 2023. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Morris, aye; Varner, aye; and Nagrodzki, aye. A copy of the Commission's order is attached as Exhibit "H".

Lorna Bland, M.D.

The Commission received an Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Alsip with a second by Commissioner Hill to enter an order setting a hearing for April 17, 2023. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Morris, aye; Varner, aye; and Nagrodzki, aye. A copy of the Commission's order is attached as Exhibit "I".

DISCUSSION ITEMS

Retroactively Publishing Administrative Complaints

The Commission discussed the possibility of retroactively publishing Administrative Complaints in the public file. A motion was made by Commissioner Nagrodzki with a second by Commissioner Morris to review the number of Administrative Complaints from January 1, 2021, to present and revisit the matter at the February 22, 2023, meeting. A roll call vote was taken. The votes were: Christopher, aye; Alsip, aye; Aldridge, aye; Falgout, aye; Hill, aye; and Varner, aye.

Renewal Frequency Research

Rebecca Robbins, Director of Operations, presented a report to the Commission regarding the license renewal frequency in other states, and regarding the scope of legislative changes that would be necessary in order to transition to biannual or triannual license renewal. The Commission received Ms. Robbins' report as information.

FSMB Call for Comment, Determining and Enforcing Standards of Care

The Commission received as information the Federation of State Medical Boards Call for Comments on Determining and Enforcing Standards of Care. Commissioner Alsip will submit proposed comments to Commission Chairman Christopher, Aaron Dettling, General Counsel, and Brandy Boone, General Counsel of the Medical Association of the State of Alabama, for review.

Memorandum of Understanding/APHP, BME and MLC

The Commission reviewed the Memorandum of Understanding presented by Brandy Boone, General Counsel of the Medical Association of the State of Alabama, and Wilson Hunter, General Counsel of the Board. A motion was made by Commissioner Alsip with a second by Commissioner Morris to adopt the Memorandum of Understanding. A roll call vote was taken. The votes were: Christopher, aye; Aldridge, aye; Falgout, aye; Hill, aye; Varner, aye; and Nagrodzki, aye. The Memorandum of Understanding is attached as Exhibit "J".

HEARINGS

No hearings this month.

Meeting adjourned at 11:18 a.m.

PUBLIC MEETING NOTICE: The next meeting of the Alabama Medical Licensure Commission was announced for Wednesday, February 22, 2023, beginning at 9:00 a.m.

CRAIG H. CHRISTOPHER, M.D., Chairman
Alabama Medical Licensure Commission

Rebecca Robbins, Director of Operations
Recording Secretary
Alabama Medical Licensure Commission

01/25/2023
Date Signed

Exhibit A

IMLCC Licenses Issued December 1, 2022 - December 31, 2022 (4)

Name	License Type	License Number	Status	Issue Date	Expiration Date	State of Principal Licensure
Haagen Arthur Diener	MD	45278	Active	12/19/2022	12/31/2023	Arizona
Sarah Joyce Mermelstein	MD	45259	Active	12/2/2022	12/31/2023	Colorado
Julia Jen-Chao Hsiao	DO	3056	Active	12/28/2022	12/31/2023	Colorado
Rami-James Kazim Assadi	MD	45277	Active	12/19/2022	12/31/2023	Illinois

** Total licenses issued since April 2017 - 2013*

Exhibit B

In re: the matter of **BRICE C. BURKE, M.D.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA**

ORDER

This matter is before the Medical Licensure Commission of Alabama on Dr. Burke's application for licensure. This matter is set for a hearing as prescribed in Ala. Code § 34-24-360, *et seq.*, and Ala. Admin. Code Chapter 545-X-3, to be held on Wednesday, February 22, 2023, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104.

DONE on this the 2nd day of February, 2023.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2023-02-02 16:48:56 CST

Craig H. Christopher, M.D.
its Chairman

Exhibit C

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **v.** **OSCAR DOMINGO ALMEIDA, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2021-017**

ORDER

This matter is before the Medical Licensure Commission of Alabama on Respondent's request, submitted via e-mail on January 3, 2023, that the Commission remove all conditions of probation and issue to him a full and unrestricted license to practice medicine.

Our order imposing conditions of probation on Respondent's license was entered on April 21, 2022. Respondent's request was submitted on January 3, 2023, less than two years later. Upon consideration, therefore, Respondent's request is dismissed as prematurely filed, subject to the right of Respondent to re-file his request at a later date. *See* Ala. Code § 34-24-361(h)(9).

DONE on this the 2nd day of February, 2023.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2023-02-02 16:50:01 CST

Craig H. Christopher, M.D.
its Chairman

Exhibit D

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **v.** **OSCAR DOMINGO ALMEIDA, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2021-017**

ORDER

The Medical Licensure Commission of Alabama is informed that Respondent has not made any payments toward the administrative fines and costs imposed by our Findings of Fact and Conclusions of Law dated April 21, 2022, and has not made any payments prescribed in the payment plan authorized by our Order of August 29, 2022. The Medical Licensure Commission of Alabama is further informed that, on or about December 25, 2022, Respondent renewed his license to practice medicine in Alabama, in apparent violation of Ala. Code § 34-24-383 ("The Medical Licensure Commission shall not renew the annual certificate of registration as set forth in Section 34-24-337 of any physician against whom an administrative fine has been assessed by the Board of Medical Examiners or the Medical Licensure Commission until such fine is paid in full. However, if an order of the Medical Licensure Commission or the Board of Medical Examiners allows for the payment of a fine or costs in installments and if the

licensee is current with the installment payment, then the physician shall be permitted to renew his or her license.").

This matter is set for a hearing as prescribed in Ala. Code § 34-24-360, *et seq.*, and Ala. Admin. Code Chapter 545-X-3, to be held on Thursday, March 23, 2023, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104. The purposes of this hearing are to determine the relevant facts relating to Respondent's renewal of his license, and to determine what actions, if any, should be taken with regard to Respondent's license in light of the relevant facts and the applicable law, which could include revocation, assignment of expired status, or other appropriate actions.

If Respondent makes all delinquent payments for the months of September 2022 through February 2023, in the total amount of $14,658.00, no later than February 28, 2023, this hearing will be cancelled.

DONE on this the 3rd day of February, 2023.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2023-02-03 13:01:13 CST

Craig H. Christopher, M.D.
its Chairman

Exhibit E

FORTIF
LAW PARTNERS

2021 Morris Avenue, Suite 300
Birmingham, Alabama 35203

Post Office Box 530564
Birmingham, Alabama 35253

Aaron L. Dettling
o 205.832.9105
c 205.515.4624
aaron@fortif.com

February 1, 2023

Via E-mail: barrylumpkinsmd@hotmail.com and U.S. Mail

Barry Neal Lumpkins, M.D.
6100 County Road 61
Florence, Alabama 35634

RE: Request for Clarification of Commission Orders

Dear Dr. Lumpkins:

This office has the privilege of representing the Medical Licensure Commission of Alabama. I write in reference to your e-mail dated January 9, 2023, in which you requested clarification of your license status in Alabama. After considering your request at its monthly business meeting held on January 25, 2023, the Commission directed me to write to you to confirm that you have held a full, unrestricted license to practice medicine in Alabama since the Commission's order of April 29, 2019. Since that date, there has been no Commission-imposed requirement that you participate in monitoring under the Alabama Professionals' Health Program (APHP). The Commission does, however, encourage you to explore participation in "senior monitoring" with APHP on a voluntary basis.

If you have any further questions, please feel free to reach out to me or to Rebecca Robbins, MLC Director of Operations.

Yours very truly,

Aaron L. Dettling

ec: Craig H. Christopher, M.D., Chairman
Jorge A. Alsip, M.D. Vice-Chairman
Rebecca Robbins, Director of Operations
E. Wilson Hunter
Roland K. Johnson
Robert C. Hunt

Exhibit F

In re the Matter of: **JEFFREY COYKENDALL, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA**

ORDER

This matter comes before the Medical Licensure Commission of Alabama on the request from Dr. Coykendall to lift the restrictions placed on his Alabama medical license. It appearing to the Commission that Dr. Coykendall has satisfied all conditions previously required of him, it is ordered that the restrictions on license are removed, contingent upon the Board's removal of the restrictions placed on Dr. Coykendall's Certificate of Qualification, and Dr. Coykendall's entry into a Voluntary Agreement with the Board requiring quarterly therapist reports be submitted to the Board's Physician Monitor.

DONE on this the 2nd day of February, 2023.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2023-02-02 16:49:30 CST

Craig H. Christopher, M.D.
its Chairman

Exhibit G

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **vs.** **LAUREN ELIZABETH DUENSING, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2020-381**

ORDER

This matter is before the Medical Licensure Commission of Alabama on the Multidisciplinary Forensic Fitness for Duty Evaluation of Acumen Assessments dated December 16, 2022, and the Assessment Report of the Center for Personalized Education for Professionals ("CPEP"), dated December 15, 2022.

This matter is set for a hearing as prescribed in Ala. Code § 34-24-360, *et seq.*, and Ala. Admin. Code Chapter 545-X-3, to be held on Wednesday, February 22, 2023, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104.

DONE on this the 2nd day of February, 2023.

THE MEDICAL LICENSURE COMMISSION OF ALABAMA
By:

E-SIGNED by Craig Christopher, M.D.
on 2023-02-02 16:48:03 CST

Craig H. Christopher, M.D.
its Chairman

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, Complainant, v. THOMAS L. BAUMANN, M.D. Respondent.	)	BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA CASE NO. 2022-168

ORDER SETTING HEARING

The Medical Licensure Commission has received the verified Administrative Complaint of the State Board of Medical Examiners filed in this cause. The Commission has determined that this matter is due to be set down for hearing under the provisions of §34-24-361, Code of Alabama 1975.

Accordingly, it is the Order of the Commission that this matter be set for hearing before the Commission on the 17th day of April, 2023 at 10:00 o'clock in the a.m. at the offices of the Medical Licensure Commission, 848 Washington Avenue, Montgomery, Alabama. The Respondent, THOMAS L. BAUMANN, M.D., is directed to respond to the allegations of the verified Complaint in the manner prescribed in Rule 545-X-3-.03 of the Rules and Regulations of the Medical Licensure Commission. Such answer shall be filed **within 20 days** of service of a copy of the Administrative Complaint and the Order Setting Hearing.

This hearing shall be conducted in accordance with §34-24-361(e), Code of Alabama 1975 and Chapter 3 of the Rules and Regulations of the Medical Licensure Commission concerning hearings in contested cases. The Respondent is entitled to be present at the hearing and to be represented by counsel, is entitled to cross examine witnesses presented by the

Complainant and is entitled to present testimony and other evidence touching on the allegations contained in the Complaint.

It is the further order of the Commission that a copy of the verified Complaint of the Alabama State Board of Medical Examiners and a copy of this Order Setting Hearing is forthwith served upon the said THOMAS L. BAUMANN, M.D., by personally delivering the same to him if he can be found within the State of Alabama or by overnight courier, signature required, to his last known address if he cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by Greg Hardy who is designated as the duly authorized agent of the Medical Licensure Commission.

William R. Gordon, Esq., is hereby appointed to act as hearing officer for the Commission. It is further ordered that the parties and their attorneys immediately check their calendars for scheduling conflicts. **No requests for continuances based upon schedule conflicts of attorneys or parties will be considered unless such request is made forty-five (45) days prior to the scheduled hearing date.**

ORDERED at Montgomery, Alabama, this 3rd day of February, 2023.

E-SIGNED by Craig Christopher, M.D.
on 2023-02-03 12:59:35 CST

Craig H. Christopher, M.D., Chairman
Medical Licensure Commission of Alabama

Exhibit I

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, Complainant, v. LORNA J. BLAND, M.D. Respondent.	)	BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA CASE NO. 2022-170

ORDER SETTING HEARING

The Medical Licensure Commission has received the verified Administrative Complaint of the State Board of Medical Examiners filed in this cause. The Commission has determined that this matter is due to be set down for hearing under the provisions of §34-24-361, Code of Alabama 1975.

Accordingly, it is the Order of the Commission that this matter be set for hearing before the Commission on the 17th day of April, 2023 at 10:00 o'clock in the a.m. at the offices of the Medical Licensure Commission, 848 Washington Avenue, Montgomery, Alabama. The Respondent, LORNA J. BLAND, M.D., is directed to respond to the allegations of the verified Complaint in the manner prescribed in Rule 545-X-3-.03 of the Rules and Regulations of the Medical Licensure Commission. Such answer shall be filed within 20 days of service of a copy of the Administrative Complaint and the Order Setting Hearing.

This hearing shall be conducted in accordance with §34-24-361(e), Code of Alabama 1975 and Chapter 3 of the Rules and Regulations of the Medical Licensure Commission concerning hearings in contested cases. The Respondent is entitled to be present at the hearing and to be represented by counsel, is entitled to cross examine witnesses presented by the Complainant and is entitled to present testimony and other evidence touching on the allegations

contained in the Complaint.

It is the further order of the Commission that a copy of the verified Complaint of the Alabama State Board of Medical Examiners and a copy of this Order Setting Hearing is forthwith served upon the said LORNA J. BLAND, M.D., by personally delivering the same to her if she can be found within the State of Alabama or by overnight courier, signature required, to her last known address if she cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by FedEx who is designated as the duly authorized agent of the Medical Licensure Commission.

William R. Gordon, Esq., is hereby appointed to act as hearing officer for the Commission. It is further ordered that the parties and their attorneys immediately check their calendars for scheduling conflicts. **No requests for continuances based upon schedule conflicts of attorneys or parties will be considered unless such request is made forty-five (45) days prior to the scheduled hearing date.**

ORDERED at Montgomery, Alabama, this 3rd day of February, 2023.

E-SIGNED by Craig Christopher, M.D.
on 2023-02-03 13:01:50 CST

Craig H. Christopher, M.D., Chairman
Medical Licensure Commission of Alabama

MEMORANDUM OF UNDERSTANDING

WHEREAS, under Alabama law, the Alabama State Board of Medical Examiners ("BME") has a statutory duty and obligation "to promote early identification, intervention, treatment and rehabilitation of physicians and osteopaths licensed to practice medicine in the State of Alabama who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals or other substances or as a result of any physical or mental condition."

WHEREAS, under Alabama law, in order to carry out this obligation the BME is empowered to contract with a medical professional association for the purpose of creating, supporting, and maintaining a committee of physicians to be designated the Alabama Physician Wellness Committee (the "Wellness Committee").

WHEREAS, under Alabama Code § 34-24-401 and Alabama Administrative Code, Rule 540-X-13.03, the BME is authorized to enter into a contractual agreement with a non-profit corporation or medical professional association for the creation of the Alabama Professionals Health Program ("APHP") and the support of the Wellness Committee, which is authorized to perform the following functions:

(1) Contracting with providers of treatment programs;
(2) Receiving and evaluating reports of suspected impairment from any source;
(3) Intervening in cases of verified impairment;
(4) Referring impaired physicians to treatment programs;
(5) Monitoring the treatment and rehabilitation of impaired physicians;
(6) Providing post-treatment monitoring and support of rehabilitated impaired physicians; and
(7) Performing such other activities as agreed upon by the Board of Medical Examiners and the Alabama Physician Wellness Committee.

WHEREAS, the Medical Association of the State of Alabama (the "Medical Association") is a non-profit professional medical association and operates the APHP, which performs the functions and responsibilities of the Wellness Committee as delegated pursuant to the terms of a contract with the BME, attached hereto as Exhibit A, and made a part of this Memorandum of Understanding.

WHEREAS, the Wellness Committee shall develop procedures in consultation with the BME for periodic reporting of statistical information, and periodic disclosure and joint review of such information as the BME may deem appropriate regarding reports received, contracts or investigations made and the disposition of each report, "provided however, that the committee shall not disclose any personally identifiable information except as provided in Section 34-24-405."

WHEREAS, Alabama Code § 34-24-405 provides, in part:

(b) **The committee shall report to the State Board of Medical Examiners any physician or osteopath who in the opinion of the committee is unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals or other substances or as a result of any physical or mental condition when it appears that such physician or osteopath is currently in need of intervention, treatment, or rehabilitation, and such physician or osteopath has failed or refused to participate in programs of treatment or rehabilitation recommended by the committee. In any report to the State Board of Medical Examiners made pursuant to the requirements of this subsection, the committee or its authorized designee may forward to the board any and all reports, evaluations, treatment records, medical records, documents, or information relevant to the physician or osteopath upon whom the report is made, unless specifically prohibited by federal law or regulation, notwithstanding any law or regulation of this state declaring that such evaluations, information, treatment records, medical records, documents, or reports are confidential or privileged.** All such information, evaluations, documents, reports, treatment records, or medical records received by the board in a report submitted pursuant to this subsection shall be privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings but may be used by the board in the course of its investigations and may be introduced as evidence in administrative hearings conducted by the board or by the Medical Licensure Commission. (Emphasis added).

WHEREAS, Alabama Code § 34-24-406 provides: "If the Board of Medical Examiners has reasonable cause to believe that a physician is impaired, the board may cause an evaluation of such physician to be conducted by the Alabama Physician Wellness Committee for the purpose of determining if there is an impairment. The Alabama Physician Wellness Committee shall report the findings of its evaluation to the Board of Medical Examiners."

WHEREAS, under Alabama Administrative Code, Rule 540-X-13.05:

(1) A physician voluntarily seeking the assistance of the committee for treatment of an impairment who successfully completes the recommended course of treatment and therapy and who continues to abide by the terms and conditions of the committee's after-care agreements for the period of time specified and thereafter continues to practice medicine with reasonable skill and safety and free from impairment will not be reported by the committee to the Board for violation of Code of Ala. 1975, § 34-24-360(19). However, a physician participating in programs of treatment and/or rehabilitation and after-care must always truthfully answer all inquiries concerning such treatment made by employers, state or federal licensing and/or regulatory agencies, hospital medical staff credentialing bodies, courts, medical malpractice insurance carriers, and medical specialty Boards. The Physician Wellness Committee will serve as an advocate on behalf of and lend

support to physicians participating in programs sponsored or recommended by the committee before such agencies and organizations. A report by a licensed physician to the Physician Wellness Committee that such physician has reason to believe that any other licensed physician is impaired, shall be deemed to be a report to the Board of Medical Examiners for the purpose of the mandatory reporting requirements of Code of Ala. 1975, § 34-24-361(b).

(2) Should the Board as a result of an investigation determine that there is cause to believe that a physician may be impaired, the Board may administratively report that fact to the committee with a request or Board Order that the individual be evaluated to determine whether an impairment exists. The Board will make available to the committee such information as is necessary to accomplish an intervention and evaluation. The committee will report its findings and recommendations to the Board and provide follow-up reports upon request.

(3) The committee must report to the Board the name of any physician the committee has reason to believe may be impaired and

> (a) who has failed or refused to follow the recommendations of the committee for evaluation, treatment and/or rehabilitation, or
>
> (b) who has discontinued such evaluation, treatment or rehabilitation against medical advice, or
>
> (c) who has failed to abide by the terms and conditions of an after-care agreement with the committee, or
>
> (d) whose continuation in practice, in the opinion of the committee, constitutes a threat to the safety of his or her patients or to the public.

(4) **In any report to the Board of Medical Examiners made pursuant to the requirements of this rule, the committee or its authorized designee may forward to the board any and all reports, evaluations, treatment records, medical records, documents or information relevant to the physician or osteopath upon whom the report is made, unless specifically prohibited by federal law or regulation, notwithstanding any law or regulation of this state declaring that such evaluations, information, treatment records, medical records documents or reports are confidential or privileged.** All such information, evaluations, documents, reports, treatment records or medical records received by the board in a report submitted pursuant to this subsection shall be privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings but may be used by the board in the course of its investigations and may be introduced as evidence in administrative hearings conducted by the board or by the Medical Licensure Commission.

(5) In the case of a physician who is placed under disciplinary sanction by an order of the Board of Medical Examiners or the Medical Licensure Commission or as a result of a voluntary or involuntary restriction on his or her Certificate of Qualification or license to practice medicine which requires that the physician enter into and comply with an after-care agreement with the committee, then the committee must report to the Board or to the commission, as appropriate, any violation or deviation by the physician of the terms and conditions of his or her after-care agreement.

(Emphasis added).

WHEREAS, because the APHP may receive records or other information from a federally funded substance use disorder treatment program[1], the use or disclosure of those records or information are governed and regulated by Title 42, United States Code, Section 290dd-2(s), and the regulations promulgated pursuant to that authority, or 42 CFR Part 2 ("Part 2").[2]

WHEREAS Part 2 imposes restrictions upon disclosure, redisclosure and use of substance use disorder patient records which are maintained in connection with the performance of any Part 2 program. Part 2 defines substance use disorder ("SUD") as "a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal." Part 2 excludes tobacco and caffeine use from its definition.[3]

WHEREAS, "The restrictions on disclosure and use in the regulations in this part apply whether or not the part 2 program or other lawful holder of the patient identifying information believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement agency or official or other government official, has obtained a subpoena, or asserts any other justification for a disclosure or use which is not permitted by the regulations in this part." 42 CFR 2.13. Such restrictions on disclosure and use apply to the disclosure or use of

---

[1] 42 CFR 2.11 defines program as:

(1) An individual or entity (other than a general medical facility) who holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment.

[2] 42 CFR 2.12 provides in part:

(b) Federal assistance. A program is considered to be federally assisted if:
. . .
(4) It is assisted by the Internal Revenue Service of the Department of the Treasury through the allowance of income tax deductions for contributions to the program or through the granting of tax-exempt status to the program.

[3] 42 C.F.R. 2.11

such information "in any civil, criminal, administrative, or legislative proceedings conducted by any federal, state, or local authority." 42 CFR 2.13.

WHEREAS, the Alabama Medical Licensure Commission ("MLC") and the BME need access to certain information on licensees in order to protect the public.

WHEREAS, the Medical Association, BME and the MLC have come together under this Memorandum of Understanding setting forth obligations and responsibilities that shall establish the flow, exchange and safeguarding of information that is covered under Alabama law and under Part 2, among and between the parties hereunder.

WHEREFORE PREMISES CONSIDERED, it is the intent of all parties to comply with the law.

PARTIES

1. The Medical Association is the State of Alabama is a 501(c)(6) association that exists to serve, lead and unite physicians in promoting the highest quality of health care for the people of Alabama through advocacy, information and education. As part of its mission, the Medical Association operates the APHP, in support of the Wellness Committee:

   > The purpose of the program is to encourage early referral of physicians (including residents and medical students) and physician's assistants, who have problems that could lead to impairment. The program is confidential and non-punitive. The goal is to provide a clinical mechanism to obtain appropriate assistance prior to having significant impairment that could damage the physician's career or harm patients.

2. The BME is the State regulatory Board that may issue, deny, and may suspend or revoke a certificate of qualification to practice medicine to physicians.[4] The BME investigates and prosecutes violations of the Medical Practice Act, including, but not limited, violations of Alabama Code Section 34-24-360(19)a. before the MLC.

3. The MLC is the licensing authority for the practice of medicine in the State of Alabama and has the exclusive power, authority, and duty to suspend, revoke, or restrict any license to practice medicine or osteopathy in the State of Alabama or place on probation or fine any licensee whenever the licensee shall be found guilty on the basis of substantial evidence of various acts enumerated under Alabama Code § 34-24-360.

[4] Under Alabama Code § 34-24-53(a) the Board of Censors of the Medical Association, as constituted under the laws of the Medical Association is constituted as the BME.

APPLICATION OF THE CONFIDENTIALITY OF SUBSTANCE ABUSE DISORDER RECORDS (PART 2)

4. Part 2 restrictions on disclosure and use apply to records maintained by an entity holding itself out as a provider of substance use disorder ("SUD") treatment, diagnosis or referrals. Part 2 restrictions also apply to records of patient identifying information from a Part 2 program in the possession of lawful holders (e.g., individuals or entities who receive such records pursuant to a Part 2 compliant patient consent). Therefore, Part 2 applies to potential subsequent holders of Part 2 information, such as the APHP, BME and MLC. The APHP, BME and MLC must comply with Part 2 in using or disclosing any information from a Part 2 program.

5. Part 2 prohibits re-disclosure of information that would identify, directly or indirectly, an individual as having been diagnosed, treated, or referred for treatment of a substance use disorder without specific consent from the individual. Therefore, the APHP, BME, and the MLC may not re-disclose information that would directly or indirectly identify an individual as having been diagnosed, treated, or referred for treatment of a SUD at a Part 2 program without specific consent from the individual.

6. Under Part 2, each disclosure must include a notice regarding restrictions on redisclosure. Therefore, all parties will include a notice when information is properly disclosed. A disclosure may not be made on the basis of a consent which has expired, on its face substantially fails to conform to any of the requirements set forth in Part 2; is known to be revoked; or is known, or through reasonable diligence could be known to be materially false by the individual or entity holding the records.

7. Part 2 records may be disclosed or used only as permitted by Part 2 regulations, and they may not otherwise be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted by any federal, state, or local authority without specific consent from the individual. Further, any disclosure of Part 2 records must be limited to that information which is necessary to carry out the purpose of the disclosure. 42 C.F.R. § 2.13.

8. A court order may authorize disclosure or use of Part 2 records that is otherwise prohibited.

9. Lawful holders of Part 2 records must have in place formal policies and procedures to reasonably protect against unauthorized uses and disclosures of patient identifying information and to protect against reasonably anticipated threats or hazards to the security of patient identifying information. 42 CFR § 2.16.

OPERATION OF APHP AND OBLIGATIONS FOR USE AND DISCLOSURE OF LICENSEE AND CLIENT INFORMATION

10. Definitions.

a. **Applicant.** An individual seeking a certificate of qualification to practice medicine from the BME and a license to practice medicine from the MLC.
b. **Client.** A licensee who has executed a contract with the APHP.
c. **Co-Monitored Client.** A Licensee who becomes a Client of the APHP following a referral or order from the BME or MLC. A Co-Monitored Client must execute a consent for the release of any and all information concerning the Client to the BME and MLC as a condition of participation in the APHP.
d. **Licensee.** Any person who has applied for or possesses a certificate of qualification issued by the BME, a physician assistant license issued by the BME or a medical license issued by the MLC. A licensee may include a person who is a client of the APHP in anticipation of applying for a license or as a result of formerly possessing a license.
e. **Self-disclosing Client.** A licensee who self-reports to the APHP for any reason relating to a suspected or actual SUD and who executes a contract with the APHP. The APHP shall not disclose the identity or information regarding the self-disclosing client at that time to the BME or the MLC.

11. **Third parties.** Nothing in this MOU is intended to give any third party, including all Applicants, Clients and Licensees, standing to enforce any particular provisions. Furthermore, nothing in this MOU shall be used to prevent the APHP from reporting a physician for which it believes is a danger to himself or herself or the public or who is in violation of his or her contract.

12. **Compliance policy.** The APHP shall adopt the compliance policy as set forth under Exhibit B. All parties shall encourage compliance with the same. The BME and MLC shall adopt policies on the retention and use of information produced by the APHP as set forth under Exhibit C.

13. **Unauthorized Requests for Information**. As provided for by law, the APHP must answer any unauthorized request for disclosure of protected information concerning an Applicant, Licensee or Client so as not to reveal that the Licensee or Client has been Evaluated or treated for a SUD. Any answer to an unauthorized request for a disclosure of an Applicant's, Licensee's or Client's records must be made in a way that will not affirmatively reveal that the Applicant, Licensee, or Client has been, or is being, diagnosed or treated for a SUD. An inquiring party may be provided a copy of the Part 2 regulations and advised that they restrict the disclosure of SUD patient records, but may not be told affirmatively that the regulations restrict the disclosure of the records of the Applicant, Licensee or Client. 42 C.F.R. § 2.13.

14. **Notice.** The redisclosure by the parties of any information that originated from a Part 2 Program must include a statement that further disclosure is unauthorized without specific

consent. The parties will use the following statement, as set forth in Exhibits B and C, when disclosing information originating from a Part 2 Program:

"42 CFR Part 2 prohibits unauthorized disclosure of these records."

15. **Participation of Self-Disclosing Clients with the APHP.** The Parties agree that Licensees who self-disclose to APHP for any reason relating to a suspected or actual SUD shall participate with the APHP in the following manner:

    a. **Initial consent.** Upon first contact with a Licensee, the APHP shall secure an initial consent using the form attached hereto as Exhibit D from the Licensee authorizing the APHP to release any and all information and records to the BME or the MLC pursuant to the terms in Exhibit E. The initial consent will also authorize the BME or MLC to use information released pursuant to the terms in Exhibit E in an administrative action against the Licensee's license, if necessary.
    b. **Evaluation.** After providing consent, the Licensee shall complete an evaluation at a facility (1) specializing and accredited to perform such evaluation and (2) approved and recommended by the APHP, to determine as necessary whether he or she has a SUD or other condition requiring monitoring and treatment. ("Evaluation").
    c. **Evaluation findings.** Pursuant to the Licensee's consent, the Evaluating facility shall report the findings of the Evaluation to the APHP. If Evaluation findings do not indicate a Licensee has or may have a SUD or is a danger to the public, the APHP shall not report its findings and shall not engage in any communications with other entities regarding the same. Any communication with any other Party shall be done in such a way as to avoid acknowledgment that the Licensee sought participation with the APHP.
    d. **Second Evaluation.** The Licensee has an option to seek a second Evaluation from a different facility following completion of an Evaluation at the APHP-recommended facility. A Licensee who elects to obtain a Second Evaluation shall not be reported to the BME or MLC by the APHP if the Licensee agrees to cease the practice of medicine or practice as a PA until released to do so by the APHP.
    e. **Execution of Contract.** If a Licensee's Evaluation provides a diagnosis of SUD, or otherwise indicates the Licensee needs treatment, the Licensee shall be offered a contract with the APHP, and upon execution shall become a Self-disclosing Client of the APHP. Upon execution of a contract, the Self-disclosing Client shall be entered into the APHP, and shall materially abide by the contract. A Self-disclosing Client may be directed to complete one or more evaluations as a condition of his or her contract at the direction of the APHP. All Evaluations occur at the Licensee's or Client's expense.
    f. **Refusal of contract.** If the Licensee refuses a contract, in accordance with the signed consent form, the APHP shall report the initial Evaluation findings to the BME in the following form: "Dr. _____ went for an evaluation on (DATE), and a referral for treatment was recommended. Dr. _____ refused to enter a treatment program and/or refuses to sign a contract with the APHP. The APHP believes Dr. _____ could pose or does pose a threat to the public or is unable to practice medicine/PA with reasonable skill and safety to his or her patients unless and until he or she obtains proper treatment."

g. **Breach of contract.** If a valid consent is in place, and the APHP determines that a Self-disclosing Client has breached his or her contract with the APHP, or the APHP deems a Client to be a threat to the public for not seeking proper treatment as set forth in Exhibit E, it shall make a report to the BME.

h. **Disclosure of information to BME.** If a Licensee has refused a contract after having a recommendation for treatment, breached the terms of a contract with the APHP, or refused to seek another Evaluation or treatment, and a report of such activity has been made to the BME, the BME may contact the director, or other staff member, for information concerning the self-disclosing Licensee. All Parties shall support the ability of the APHP director, or staff, to refuse to answer or provide a limited answer in the following circumstances:

   i.) A valid consent is not in place; or

   ii.) The Self-Disclosing Client is currently under contract, and in compliance with the contract.

   However, the APHP may make any report necessary to protect the public, and may comply with an order from the BME or MLC to disclose drug test results.

i. **Advocacy for** Self-disclosing **Client.** As provided under the Self-disclosing Client's contract with the APHP, the APHP shall advocate for the Self-disclosing Client's continued licensure and/or active practice of medicine unless or until he or she breaches the contract as set forth in Exhibit E, or as otherwise provided by law.

16. **Participation of Co-Monitored Client with the APHP.** The Parties agree Co-Monitored Clients shall participate with the APHP in the following manner:

a. **Initial consent.** When a Licensee is referred or ordered by the BME or MLC to be evaluated for SUD, or other condition requiring treatment, the APHP shall obtain an initial consent, using the form attached hereto as Exhibit D, from the Licensee authorizing the Evaluation facility to release its records, reports, findings, and any other information to the APHP, BME, and MLC, as appropriate. The initial consent will also authorize the BME or MLC to use information released pursuant to the terms in Exhibit E in an administrative action against the Licensee's license, if necessary. If the Licensee refuses to provide the initial consent, the Licensee will immediately be reported to the referring or ordering party.

b. **Evaluation.** The APHP will recommend to the Licensee a facility to obtain an Evaluation. Refusal by the Licensee to report to the Evaluating facility recommended by the APHP shall be considered non-compliance by the Licensee, and said refusal shall be immediately reported to the BME or MLC.

c. **Evaluation Findings.** Pursuant to the Licensee's consent, the Evaluating facility shall report the findings of the Evaluation to the APHP. Also, pursuant to the Licensee's consent, the APHP shall report the findings to the referring or ordering party. If the Evaluation findings indicate a Licensee may be a danger to the public without treatment, and the Licensee refuses to seek treatment, the Licensee shall be immediately reported to the referring or ordering party.

d. **Execution of Contract.** If the Licensee's Evaluation provides a diagnosis of SUD, or otherwise indicates the Licensee needs treatment, the Licensee shall be offered a contract with the APHP, and upon execution shall become a Co-Monitored Client of

the APHP. Upon execution of a contract, the Co-Monitored Client shall be entered into the APHP, and shall materially abide by the contract. A Co-Monitored Client may be directed to complete one or more evaluations as a condition of his or her contract at the direction of the APHP. All Evaluations occur at the Licensee's or Client's expense.

e. **Refusal of contract.** If the Licensee refuses a contract with the APHP, the APHP shall immediately report the refusal to the referring or ordering party.
f. **Compliance with Contract and Other Directives.** A Licensee with a SUD diagnosis or other diagnosis requiring treatment and/or monitoring who becomes a Co-Monitored Client of the APHP shall abide by the contractual requirements of the APHP contract, as well as any orders, agreements, or conditions imposed by the BME or MLC. A Co-Monitored Client shall execute a release permitting the APHP to deliver updates, reports, and any information requested by the BME or MLC as a term of the contract and as a condition of continued licensure. The APHP shall immediately report to the BME or MLC, whichever referred or order the Licensee to the APHP, (1) the Licensee's refusal to execute initial consent, (2) the expiration of a consent without renewal, or (3) the Licensee's revocation of consent.
g. **Breach of contract.** If the APHP determines that a Co-Monitored Client has breached his or her contract with the APHP, or the APHP deems a Client to be a threat to the public for not seeking proper treatment as set forth in Exhibit E, it shall make a report to the BME. In the event that compliance with an APHP contract is ordered by the MLC as a condition of continued licensure and the APHP deems the Co-Monitored Client has breached his or her contract with the APHP as set forth in Exhibit E, it shall make a report of such breach to the MLC.
h. **Disclosure of information to BME.** If a Licensee has refused a contract after having a recommendation for treatment, breached the terms of a contract with the APHP, or refused to seek another Evaluation or treatment, and a report of such activity has been made to the BME, the BME may contact the director, or other staff member, for information concerning the Licensee. The APHP may make any report necessary to protect the public, and may comply with an order from the BME or MLC to disclose drug test results.
i. **Advocacy for** Co-Monitored **Client.** As provided under the Co-Monitored Client's contract with the APHP, the APHP shall advocate for the Co-Monitored Client's continued licensure and/or active practice of medicine unless or until he or she breaches the contract as set forth in Exhibit E, or as otherwise provided by law.

17. **Participation of Applicants with the APHP.** The parties agree Applicants shall participate with the APHP in the following manner:

a. **Information Gathering.** If an Applicant indicates in his or her application for certificate of qualification and licensure that he or she may have a potential SUD, the BME and/or MLC will gather information relevant to the applicant's disclosure and provide such information to the APHP.
b. **Participation in discussion.** The APHP Medical Director, or other staff, will participate with BME staff and provide necessary counsel in meetings to determine whether the Applicant is appropriate for licensure without evaluation or participation

in the APHP, with evaluation or participation in the APHP, or not appropriate for licensure.

c. **Letter of support.** The APHP will not endorse applicants for licensure, but may offer a letter supporting the BME or MLC's decision on licensure or a letter indicating compliance with a treating facility's plan or conditions.

COMMITMENT

18. **The Parties agree to comply with Part 2.** The Parties shall comply, and encourage the other Parties herein to comply, with Part 2.

19. **The Parties shall comply with all obligations.** The parties shall comply, and encourage the other parties to comply with the responsibilities described herein.

20. **The Parties shall educate those involved of all responsibilities and obligations.** Each party shall educate its own board members, relevant staff and employees and outside other contractors of the responsibilities and obligations herein.

21. **All Parties shall implement a compliance policy.** Each party shall implement a compliance policy to comply with the confidentiality provisions and obligations for Part 2 records, as set forth in Exhibits B and C.

By: _____
President
Medical Association

By: _____
Executive Director
Medical Association

By: _____
Medical Director
Alabama Professionals Health Program

By: _____
Chairman
Alabama Board of Medical Examiners

By: _____
Executive Director
Alabama Board of Medical Examiners

By: _____
Chairman
Alabama Medical Licensure Commission

EXHIBIT A

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

CONTRACT FOR ALABAMA PROFESSIONALS HEALTH PROGRAM

WHEREAS, in Ala. Code § 34-24-400, the Legislature has recognized the important duty of the Alabama State Board of Medical Examiners (the "Board") "to promote the early identification, intervention, treatment, and rehabilitation of physicians and osteopaths licensed to practice medicine in the State of Alabama who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition." and mandated the creation of the Alabama Physicians Wellness Committee ("APWC").

WHEREAS, in Ala. Code § 34-24-401, the Legislature has granted the Board the specific authority to delegate the functions and responsibilities of the APWC to a nonprofit corporation or medical professional association.

WHEREAS, the Board has selected the Alabama Professionals Health Program ("APHP"), operated by the Medical Association of the State of Alabama (the "Medical Association") as the entity best suited to carry out the functions and responsibilities set forth in Ala. Code, §§ 34-24-400, *et seq.*, on behalf of the Board.

WHEREAS, this contract for the provision of services by the APHP and/or the Medical Association shall be governed by the following terms:

1. This contract shall supersede and replace any other contract or agreement for the provision of services pursuant to Ala. Code § 34-24-400, *et seq.*, previously executed between the parties, specifically, but not limited to, the *Alabama Physician Health Program FY 2019 Annual Contract* dated September 19, 2018.

2. This contract shall be effective July 1, 2019 and shall expire on September 30, 2023.

3. During the effective period of this contract, the Medical Association, through the APHP, agrees to provide the following services to and/or on behalf of the Board:

    a. Efficiently and expediently resolve complaints regarding the potential impairment of physicians, osteopaths, physician assistants, and anesthesia assistants (collectively "practitioners");
    b. Gather information regarding the potential impairment of practitioners to determine if intervention is necessary;
    c. Develop an intervention plan in situations where a practitioner is deemed to be impaired;
    d. Perform interventions on individual impaired practitioners, including the removal of potentially dangerous practitioners from the practice of medicine or osteopathy;
    e. Maintain a list of qualified evaluation and treatment facilities with significant competence in the evaluation and treatment of healthcare professionals;
    f. Refer practitioners to independent evaluation and treatment programs;

g. Maintain contact with evaluation and treatment programs to ensure that evaluation and treatment are performed properly;
h. Contract with and monitor impaired practitioners;
i. Contract as needed with physicians with expertise in addiction medicine to provide consultation and advice;
j. Immediately provide emergency reports to the Board when a practitioner is in relapse and may be a danger to patients;
k. Provide quarterly reports to the Board regarding monitoring, intervention, referral, and other activities;
l. Provide an annual report to the Board regarding monitoring, intervention, referral, and other activities;
m. Conduct pre-licensure screenings as requested by the Board;
n. Provide consultation to the Board on issues regarding impairment; and
o. Consult with Board members and the Board's investigators and staff regarding suspected impairment, psychiatric disorders, disruptive behavior, and sexual boundary issues.

4. The Medical Association shall offer these services for a fee of $39,341.08 per month, to be paid on the first business day of each month. This amount is intended to cover any and all expenses incurred in the performance of this contract. The total cost under this contract is not to exceed $472,093.00 per fiscal year or $2,006,395.20 over the life of this contract.

5. This agreement may be terminated upon one-hundred twenty (120) days' written notice by either party.

6. It is agreed the terms, conditions, and commitments contained herein shall not be constituted a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended by Amendment XXVI. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this contract, be enacted, then that conflicting provision in the contract shall be deemed null and void.

7. In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama.

8. For any and all other disputes arising under the terms of this agreement, which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including but not limited to mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing, where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

9. Under no circumstances shall employees of the Medical Association or the APHP, or anyone providing services under this contract, be entitled to receive the benefits granted to state employees under the Merit System Act. The parties hereto are separate and distinct entities. The relationship established herein is purely contractual. Employees of the parties are not

considered to be officers, agents, volunteers, or employees of the other party and each party takes responsibility only for the acts and omissions of its employees.

10. By signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

11. In compliance with Ala. Code § 41-16-5, the Medical Association hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

EXECUTED this 12th **day of** July **, 2019.**

Mark Jackson, Executive Director
Medical Association of the State of Alabama

Sarah H. Moore, Executive Director
Alabama State Board of Medical Examiners

EXHIBIT B

COMPLIANCE POLICY FOR USE AND DISCLOSURE OF PART 2 RECORDS BY THE ALABAMA PHYSICIANS HEALTH PROGRAM (APHP)

Definitions

Part 2. Regulations promulgated under the authority of Title 42, United States Code, Section 290dd-2(s) for restricting the use and disclosure of the records created or maintained by a Part 2 Program of an individual with a substance use disorder.
Part 2 Program. An individual or entity (other than a general medical facility) who holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment.
Part 2 Records. Any information, whether recorded or not, created by, received, or acquired by a Part 2 Program relating to a patient (*e.g.,* diagnosis, treatment and referral for treatment information, billing information, emails, voice mails, and texts),
Substance Use Disorder (SUD). A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. The definition does not include tobacco or caffeine use.

Applicability

Part 2 restrictions on disclosure and use apply to records maintained by an entity holding itself out as a provider of SUD treatment, diagnosis or referrals, and also to records of patient identifying information from a Part 2 program in the possession of lawful holders (e.g., individuals or entities who receive such records pursuant to a valid consent). Although APHP does not treat, diagnose or refer for treatment individuals who may have or are suspected of a SUD diagnosis, it does receive records from Part 2 Programs in the course of monitoring individuals with SUD diagnoses. Therefore, since Part 2 applies to potential subsequent holders of Part 2 Records, such as APHP, APHP must comply with Part 2 in using or disclosing any information from a Part 2 program.

Further, because APHP performs the statutory functions and responsibilities of the Alabama Physician Wellness Committee (Wellness Committee) pursuant to a contract with the BME, Alabama Code §34-24-404 (1975), a statute declaring records of the Wellness Committee to be privileged and confidential, applies to all of the records of APHP, including Part 2 Records.

Use or Disclosure of Part 2 Records

Part 2 Records in the possession of APHP shall only be used in accordance with the written authorization that allowed the disclosure to APHP from the Part 2 Program where the record or records were created. Part 2 Records in the possession of APHP shall be disclosed to others only as provided in this policy and subject to the confidentiality provision of Alabama Code §34-24-404 (1975).

APHP may disclose Part 2 Records without a written authorization only in the following circumstances:

1. To treating medical personnel in the event of a bona fide medical emergency when the individual who is the subject of the Part 2 Records is unable to provide written consent. In such case, APHP shall document in the records: 1) the name of the medical personnel and any affiliation with any healthcare facility; 2) the name of the individual making the disclosure; 3) the date and time of the disclosure; and 4) the nature of emergency.
2. To medical personnel of the Food and Drug Administration (FDA) for purposes of notifying an individual who is the subject of Part 2 Records of a reasonable belief that the individual's health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction.
3. To a recipient involved in a research study, if the APHP Medical Director, in consultation with legal counsel determines the following about the requestor of the records:
    a. The requestor is a HIPAA-defined covered entity or business associate who has acquired a valid HIPAA authorization or waiver of authorization, as provided by 45 CFR 164.512(i);
    b. The requestor is subject to Department of Health and Human Service (HHS) regulations on the protection of human subjects;
    c. The requestor is subject to FDA regulations on the protection of human subjects;
    d. The requestor has provided documentation of the assertions in a., b., and c.
4. To personnel from any federal, state, or local governmental agency that provides financial assistance to APHP, or is authorized by law to regulate the activities of APHP, for review of records as part of an audit of APHP by the federal, state or local governmental agency.
5. Pursuant to a valid order from a court of competent jurisdiction.

The APHP may disclose Part 2 Records with and pursuant to a written authorization from the individual who is the subject of the records only in the following circumstances:

1. To the BME or MLC pursuant to the terms of the Memorandum of Understanding (MOU) executed by APHP, the BME and MLC.
2. To any other state agency or organizational entity pursuant to the terms of a Memorandum of Understanding executed by APHP and the other state agency or organizational entity.
3. Pursuant to a valid order from a court of competent jurisdiction.
4. Any special circumstance in which after consultation with legal counsel APHP determines that disclosure of the Records would be pursuant to a valid authorization and not in violation of Alabama Code §34-24-404 (1975).

Requirements for Disclosures

When APHP discloses Part 2 Records under any of the circumstances listed above, it shall meet the following requirements:

1. Any disclosure must be limited to that information which is necessary to carry out the purpose of the disclosure.
2. All disclosures pursuant to written consent must be accompanied by this statement:

"42 CFR part 2 prohibits unauthorized disclosure of these records."

Security of Part 2 Records

All hard-copy Part 2 Records in the custody of APHP shall be stored when not used under a double lock, such as in a locked file within a locked office. All electronic records in the custody of APHP shall be only accessible to APHP personnel through password protection.

Retention and Destruction of Part 2 Records

APHP shall maintain records for a minimum of 7 years unless otherwise required by law.
All discarded part 2 information shall be shredded (for paper documents) or sanitized (for electronic media).

EXHIBIT C

COMPLIANCE POLICY FOR USE AND DISCLOSURE OF PART 2 RECORDS BY THE ALABAMA BOARD OF MEDICAL EXAMINERS (BME) AND ALABAMA MEDICAL LICENSURE COMMISSION (MLC)

Definitions

Part 2. Regulations promulgated under the authority of Title 42, United States Code, Section 290dd-2(s) for restricting the use and disclosure of the records created or maintained by a Part 2 Program of an individual with a substance use disorder.
Part 2 Program. An individual or entity (other than a general medical facility) who holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment.
Part 2 Records. Any information, whether recorded or not, created by, received, or acquired by a Part 2 Program relating to a patient (*e.g.,* diagnosis, treatment and referral for treatment information, billing information, emails, voice mails, and texts),
Substance Use Disorder (SUD). A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. The definition does not include tobacco or caffeine use.

Applicability

Part 2 restrictions on disclosure and use apply to records maintained by an entity holding itself out as a provider of SUD treatment, diagnosis or referrals, and also to records of patient identifying information from a Part 2 program in the possession of lawful holders (e.g., individuals or entities who receive such records pursuant to a valid consent). Although BME and MLC do not treat, diagnose or refer for treatment individuals who may have or are suspected of a SUD diagnosis, they may receive records from Part 2 Programs in the course of investigating and monitoring licensees with SUD diagnoses. Therefore, since Part 2 applies to potential subsequent holders of Part 2 Records, such as BME and MLC, BME and MLC must comply with Part 2 in using or disclosing any information from a Part 2 program.

Further, because BME and MLC may receive these records from the Alabama Professionals Health Program (APHP) performing functions and responsibilities of the Alabama Physician Wellness Committee (Wellness Committee) pursuant to a contract with the BME, Alabama Code §34-24-404 (1975), a statute declaring records of the Wellness Committee to be privileged and confidential, applies to all of the records received from APHP or the Wellness Committee, including Part 2 Records.

Use or Disclosure of Part 2 Records

Part 2 Records in the possession of BME and MLC shall only be used in accordance with the written authorization that allowed the disclosure from APHP or the Part 2 Program where the record or records were created. Part 2 Records in the possession of BME and MLC shall be

disclosed to others only as provided in this policy and subject to the confidentiality provision of Alabama Code §34-24-404 (1975).

BME and MLC may disclose Part 2 Records without a written authorization only in the following circumstances:

1. To treating medical personnel in the event of a bona fide medical emergency when the individual who is the subject of the Part 2 Records is unable to provide written consent. In such case, APHP shall document in the records: 1) the name of the medical personnel and any affiliation with any healthcare facility; 2) the name of the individual making the disclosure; 3) the date and time of the disclosure; and 4) the nature of emergency.
2. To medical personnel of the Food and Drug Administration (FDA) for purposes of notifying an individual who is the subject of Part 2 Records of a reasonable belief that the individual's health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction.
3. To a recipient involved in a research study, if the BME or MLC, in consultation with legal counsel, determines the following about the requestor of the records:
    a. The requestor is a HIPAA-defined covered entity or business associate who has acquired a valid HIPAA authorization or waiver of authorization, as provided by 45 CFR 164.512(i);
    b. The requestor is subject to Department of Health and Human Service (HHS) regulations on the protection of human subjects;
    c. The requestor is subject to FDA regulations on the protection of human subjects;
    d. The requestor has provided documentation of the assertions in a., b., and c.
4. To personnel from any federal, state, or local governmental agency that provides financial assistance to BMC or MLC, or is authorized by law to regulate the activities of BME or MLC, for review of records as part of an audit of BME or MLC by the federal, state or local governmental agency.
5. Pursuant to a valid order from a court of competent jurisdiction.

The BME or MLC may disclose Part 2 Records with and pursuant to a written authorization from the individual who is the subject of the records only in the following circumstances:

1. To the APHP pursuant to the terms of the Memorandum of Understanding (MOU) executed by APHP, the BME and MLC.
2. Pursuant to a valid order from a court of competent jurisdiction.
3. Any special circumstance in which after consultation with legal counsel BME or MLC determines that disclosure of the Records would be pursuant to a valid authorization and not in violation of Alabama Code §34-24-404 (1975).

Requirements for Disclosures

When BME or MLC discloses Part 2 Records under any of the circumstances listed above, it shall meet the following requirements:

1. Any disclosure must be limited to that information which is necessary to carry out the purpose of the disclosure.
2. All disclosures pursuant to written consent must be accompanied by this statement: "42 CFR part 2 prohibits unauthorized disclosure of these records."

Security of Part 2 Records

All hard-copy Part 2 Records in the custody of BME and MLC shall be stored when not used under a double lock, such as in a locked file within a locked office. All electronic records in the custody of BME and MLC shall be only accessible to authorized personnel through password protection.

Retention and Destruction of Part 2 Records

BME and MLC shall maintain records for a minimum of 7 years unless otherwise required by law. All discarded part 2 information shall be shredded (for paper documents) or sanitized (for electronic media).

EXHIBIT D

ALABAMA PROFESSIONALS
HEALTH PROGRAM
Provided by the Medical Association of the State of Alabama
19 S. Jackson St., Montgomery, Alabama 36104
334 954-2596 (Phone) staff@alabamaphp.org (Website) 334 954-2593 (FAX)

Authorization and Consent to Release Information
from the Alabama Physician Health Program

Name _____ **Date of Birth** _____

Address _____ **City/State/Zip** _____

I hereby authorize and consent to the release or disclosure of the following by APHP:

Any and all treatment or evaluation information from treatment or evaluation providers or facilities; Admission and discharge summaries; Drug and/or alcohol treatment information; Psychological and/or psychiatric care or counseling; Psychological evaluation and testing; Psychosocial history; History and physical with lab results; Consultation reports; Any physician reports; Any psychiatrist/therapist reports; Worksite monitor reports; 12 step meeting logs; Treating addiction counselor reports; Caduceus meeting logs; Continuing medical education reports; Timelines; Any and all results from drug screens; and

Other (Please specify) _____

TO: The Alabama Board of Medical Examiners (BME) and/or the Alabama Medical Licensure Commission (MLC)

PURPOSE[S]: To fulfill the statutory obligations of the Alabama Physician Wellness Committee, and to aid in investigations and licensee monitoring by the BME and MLC for the protection of the public.

I authorize and consent to the BME and MLC's use of this disclosed information, if necessary, in an administrative action related to my license.

***42 CFR Part 2 prohibits unauthorized disclosure of these records.**

I hereby authorize the release of the above information and release and hold harmless the Alabama Professional Wellness Committee, the Alabama Professionals Health Program, its members, agents or employees from any and all claims for damages arising out of or related to the release of the information specified above.

1. I understand that I have the right to revoke this authorization at any time by providing written notice, but the revocation will not be effective to the extent that the authorization has already been relied upon. I also understand that this authorization shall expire, without my written revocation, two (2) years from the date provided below. I authorize a photocopy of this release to be used in lieu of an original signed document.
2. The information contained herein is confidential and is being provided in response to this written authorization. Further unauthorized disclosure by the receiving party is prohibited.

Signature _____ **Date** _____

Witness Signature _____

EXHIBIT E

RELAPSE NOTIFICATION PROTOCOL October 2022

A relapse is defined as "a deterioration in someone's state of health or a recurrence of symptoms after a period of improvement. " Relapses occur when individuals become complacent with their recovery plan, discontinue their treatment plan, get distracted by life events, etc.

I. **SUD issues:**

In the case of a **Substance Use Disorder**, relapses initially are often behavioral, before the individual reverts back to the use of a mood altering chemical. In most instances, a relapse for an individual with a SUD occurs at 3 levels:

Level I: Behavioral relapse- This is relapse behavior with no chemical use. Such relapses are addressed in a number of ways including increasing frequency of drug testing, increasing meeting attendance, individual counseling, etc. The ALBME will only be alerted in cases where the number or frequency of Level I violations indicate that the physician may be unable to practice medicine with reasonable skill and safety or may be a danger to others.

Examples would be: someone who has not been attending 12 step meetings, someone who has a pattern of not submitting quarterly reports

Level II: Relapse that does involve use of a mood altering substance with no indication that the relapse has negatively affected clinical care. Many factors are assessed in order to determine action steps to be taken. These factors include a) the severity and duration of the relapse b) participant's response and insight about the relapse and use of recovery strategies to mitigate further use c) any comorbid psychiatric or medical condition d) sponsor and physician monitor input e) compliance with monitoring prior to relapse, etc.

Possible interventions: Increase frequency of drug screening for several months, increase oversight by physician monitor, referral to individual counseling, referral to a relapse prevention program, referral for evaluation at an approved treatment facility, report to ALBME if the Level II violations indicate that the physician may be unable to practice medicine with reasonable skill and safety or may be a danger to others.

Examples would include: a participant who admits that he/she drank a glass of wine at a wedding, someone who smoked marijuana at a weekend party with friends, someone who took a medication not prescribed for him/her

Level III: Relapse with chemical use which has or may affect patient care.

These relapses are immediately reported to ALBME, and the physician must agree to cease all clinical activities. If the physician refuses to cease practicing, the Board will be notified so that immediate action can be taken.

Examples would include: a participant who smelled of alcohol at work, an individual who misses work because of a hangover on several occasions, or one who is using chemicals while on call

II. Relapses Involving non-SUD issues:

Psychiatric Conditions: If a licensee has a relapse or exacerbation of a mental health condition such as depression, suicidality, bipolar disorder, he/she will need to be assessed by his or her treatment professional to determine ability to safely practice. If the relapse has or may affect patient care, the physician should cease practice, be evaluated, and be cleared to return by treating professionals. The ALBME will be alerted in all cases where the physician is thought to be unable to practice medicine with reasonable skill and safety or may be a danger to others.

Examples would include: a physician with bipolar disorder who stops medication and is unstable, a participant who is hospitalized for a near fatal suicide attempt and remains at high risk

Boundary violations: Licensees who are being monitored for any type of boundary violation may also relapse into old behaviors. The ALBME will be alerted in all cases where the physician is thought to be unable to practice medicine with reasonable skill and safety or may be a danger to others.

Examples would include: a physician who admitted to having an issue with pornography and starts viewing material at work that distracts him/her from clinical duties, a participant who had a relationship with a staff member years ago but who recently had a relationship with a former patient

Medical conditions: Any worsening of a medical condition that is being monitored or development of a new potentially impairing condition that may affect patient care must be addressed immediately. Examples of such conditions could include a neurodegenerative disorder, cognitive impairment, stroke, cardiovascular compromise, epilepsy, etc. The ALBME will be alerted in all cases where the physician is thought to be unable to practice medicine with reasonable skill and safety or may be a danger to others.

Examples include: a surgeon with well controlled epilepsy who begins having seizures again but will not take medication, a physician with cognitive issues who refuses to comply with the treatment recommendations