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

February 28, 2024

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.
L. Daniel Morris, Esq
Paul M. Nagrodzki, M.D.
Nina Nelson-Garrett, M.D.
Pamela Varner, M.D.

MEMBERS NOT PRESENT

MLC STAFF

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

OTHERS PRESENT VIRTUALLY

Jeremy Barnett, M.D.
Keondra Williams

BME STAFF

Rebecca Daniels, Investigator
Amy Dorminey, Director of Operations
Greg Hardy, Investigator
Alicia Harrison, Associate General Counsel
Chris Hart, Technology
Effie Hawthorne, Associate General Counsel
Wilson Hunter, General Counsel
Roland Johnson, Physician Monitoring
Winston Jordan, Technology
Christy Lawson, Paralegal
William Perkins, Executive Director
Tiffany Seamon, Director of Credentialing
Scott Sides, Investigator

Call to Order: 9:05 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 January 24, 2024

Commissioner Nagrodzki made a motion that the Minutes of January 24, 2024, be approved with changes as directed by the Commission. A second was made by Commissioner Aldridge. The motion was approved by unanimous vote.

NEW BUSINESS

Full License Applicants

	Name	Medical School	Endorsement
1.	Mohammed Abdallah	Chicago College of Osteopathic Medicine	COMLEX/NC
2.	Zoubair Ahmed	Services Institute of Medical Sciences	USMLE/NJ
3.	William Albert Ahrens	SUNY Syracuse College of Medicine Binghamton	USMLE/PA
4.	Mohamed A E Ali	Mansoura University Faculty of Medicine	USMLE
5.	Anesia Gail Allen	Edward Via College of Osteopathic Medicine-Auburn campus	COMLEX
~~6.~~	~~Rakesh R Amin~~	~~Medical University of Silesia~~	~~USMLE/FL~~
7.	Katharine M Ammons	Mercer University School of Medicine	NBME/GA
8.	Mymoon Antony	Amrita School of Medicine	USMLE
9.	Sidra Asrar	King Edward Medical School	USMLE/FL
10.	Jordan Danielle Austin	Lincoln Memorial Univ Debusk College of Osteopathic Medicine	COMLEX
11.	Ema Avdic	Lake Erie College of Osteopathic Medicine	COMLEX/PA
12.	Joseph Basil Bakeer	University of Tennessee Health Science Center College of Medicine	USMLE/KY
13.	Joseph Mark Banno	Ross University	USMLE/MI
14.	Kathryn B Marquez	Our Lady of Fatima University	USMLE/CA
15.	Camille Marie Barbour	University of Mississippi School of Medicine	USMLE
16.	Nikole Sara Benders-Hadi	New York University School of Medicine	USMLE/NY
17.	Brandon M Bergeron	Louisiana State University School of Medicine New Orleans	USMLE
18.	Cesar G Berto Moreano	National Major University of San Marcos	USMLE/NY
19.	Angela Lynne Bott	Lake Erie College of Osteopathic Medicine	COMLEX/FL
20.	Catalina Breton	Tufts University School of Medicine	USMLE
21.	Kristen Nicole Brown	Ross University	USMLE/NE
22.	Rachel B Butler-Sarvaunt	Edward Via College of Osteopathic Medicine-Auburn campus	COMLEX

	Name	Medical School	Endorsement
23.	Chi Nga Chan	John A Burns School of Medicine University of Hawaii	USMLE/HI
24.	Yusuf Chang	California North State University College of Medicine	USMLE
25.	Payton Alexander Davis	University of Alabama School of Medicine Birmingham	USMLE/LA
26.	Howard Russell Day	Vanderbilt University School of Medicine	USMLE
27.	Heli Ashish Desai	A T Still University School of Osteopathic Medicine	COMLEX/OH
28.	James Houston Dove	University of Tennessee Health Science Center College of Medicine	USMLE/RI
29.	Sutapa Dube	St Georges University of London	USMLE/CA
30.	Matthew T Dubose	Mercer University School of Medicine	USMLE
31.	Cynthia Duck	University of Louisville School of Medicine	USMLE/IL
32.	Diep Nguyen Edwards	University of Alabama School of Medicine Birmingham	USMLE
33.	Angelika Ludtke Erwin	The Charité Medical University of Berlin	USMLE/NY
34.	Christina Waples Estes	University of Florida College of Medicine	USMLE/OH
35.	Aniekeme Saturday Etuk	University of Calabar	USMLE
36.	Travis A Eubanks	Alabama College of Osteopathic Medicine	COMLEX/FL
37.	Allison T Falkenstrom	Augusta University	USMLE/FL
38.	Haley Franklin	Alabama College of Osteopathic Medicine	COMLEX
39.	Michael B Franzetti	University of Arkansas College of Medicine	USMLE/OK
40.	Christian Corbin Frye	Indiana University School of Medicine Indianapolis	USMLE/MO
41.	Tiashi Renee Greer	Northeastern Ohio Universities College of Medicine	USMLE
42.	Connor Griggs	University of Nebraska College of Medicine	USMLE
43.	Conor Lee Haas	Arkansas College of Osteopathic Medicine	COMLEX
44.	Michael Heath Haggard	University of South Alabama College of Medicine	USMLE/VA
45.	Kenji Mark Hamanaka	University of Medicine & Dentistry of New Jersey	USMLE/WV
46.	Parker Louin Hambright	Virginia Tech Carilion School of Medicine	USMLE
47.	Alex Joseph Hanna	Loyola University of Chicago Stritch School of Medicine	USMLE/WI
48.	William Keith Harvey	University of South Alabama College of Medicine	USMLE/SC
49.	Lane Tremelling Haws	University of Alabama School of Medicine Birmingham	USMLE
50.	James Christopher Healy	Edward Via College of Osteopathic Medicine-Auburn campus	COMLEX
51.	Elizabeth H Hendrickson	University of Alabama School of Medicine Birmingham	USMLE/IL
52.	Joshua Russell Houser	Ohio State University College of Medicine & Public Health	USMLE/IA
53.	Tyler Hunt	Lake Erie College of Osteopathic Medicine	COMLEX
54.	Ky Buu Huynh	Morehouse School Of Medicine	USMLE
55.	Steven Ray Hwang	University of Michigan Medical School	USMLE/MN
56.	Jennifer Jackson-Wohl	Ohio University College of Osteopathic Medicine	COMLEX/OH
57.	Rahul Jasti	Deccan College of Medical Sciences	USMLE/VA
58.	Brittney A Johnston	Lincoln Memorial Univ Debusk College of Osteopathic Medicine	COMLEX
59.	Chandler Kemp	Edward Via College of Osteopathic Medicine-Carolinas Campus	COMLEX
60.	Yazan A A Kharabsheh	University of Jordan	USMLE
61.	William Scott Kutsche	Edward Via College of Osteopathic Medicine-Auburn campus	COMLEX
62.	Jacob Ross Langston	Texas A&M University Health Science Center College of Medicine	USMLE
63.	Cheryl Reese Lawing	Augusta University	USMLE/MD
64.	Paul Allen Lockhart	University of South Alabama College of Medicine	USMLE/MA

	Name	Medical School	Endorsement
65.	Stephen Douglas Loyd	East Tennessee State Univ James H Quillen College of Medicine	USMLE/TN
66.	Benjamin John Ludwig	Michigan State University College of Human Medicine	USMLE/MA
67.	Lucinda Ann MacNeal	University of Washington School of Medicine	USMLE/AK
68.	Hafiz Z A Mahmood	University of Lahore	USMLE/TN
69.	Lana Z A Makahleh	University of Jordan	USMLE
70.	Tooba Babar Mansoor	Allama Iqbal Medical College	USMLE/GA
71.	Jordon Kenneth March	University of Nevada School of Medicine	USMLE/UT
72.	Christopher Mayer	Albany Medical College	USMLE/CA
73.	Matthew R McCann	University of Kentucky College of Medicine	USMLE/FL
74.	Melissa Jane McCarthy	American University of the Caribbean	USMLE/AK
75.	Kaitlyn Yvonne Meads	Edward Via College of Osteopathic Medicine-Auburn campus	COMLEX
76.	Tyler Joseph Millo	Alabama College of Osteopathic Medicine	COMLEX
77.	Manthan R Mirani	N H L Municipal Medical College, Gujarat University	USMLE/MD
78.	Michael Darren Mitchell	Tulane University School of Medicine	USMLE/CO
79.	Zachary Andrew Mosher	University of Alabama School of Medicine Huntsville	USMLE/VA
80.	John Thomas Murphy	Edward Via College of Osteopathic Medicine-Auburn campus	COMLEX
81.	Sameer M. Naranje	Government Medical College, Nagpur University	USMLE/OH
82.	Michelle Paige Narita	Loma Linda University School of Medicine	USMLE
83.	Nixon Nguyen	Philadelphia College of Osteopathic Medicine	COMLEX/GA
84.	Erin Elizabeth Nichols	Lincoln Memorial Univ Debusk College of Osteopathic Medicine	COMLEX
85.	Stephanie Arana Patrick	Alabama College of Osteopathic Medicine	COMLEX
86.	Alexandre J Prassinos	Northeastern Ohio Universities College of Medicine	USMLE
87.	Daniel Scott Ramsey	Lincoln Memorial Univ Debusk College of Osteopathic Medicine	COMLEX/KY
88.	Sanah Ehsan Rana	University of Health Sciences Lahore	USMLE/NJ
89.	Alan David Reagan	American University of Antigua	USMLE/GA
90.	Nicole Ann Redenius	Edward Via College of Osteopathic Medicine-Auburn campus	COMLEX
91.	Wytch Rogers Rigger	Augusta University	USMLE/GA
92.	Maria Soledad Rivera	University of Queensland	USMLE
93.	Lewis Harvey Roberson II	Brody School of Medicine at East Carolina University	NBME/NC
94.	Cody Isaac Roberts	University of South Alabama College of Medicine	USMLE
95.	Robert Lee Rogers	University of Tennessee Health Science Center College of Medicine	USMLE/MD
96.	Davis Lane Rogers	Johns Hopkins University School of Medicine	USMLE
97.	Katlyn Elizabeth Roginsky	Lake Erie College of Osteopathic Medicine	COMLEX
98.	Maria E Romero Noboa	San Francisco University of Quito College of Health Sciences	USMLE
99.	Faria Latif Sami	Allama Iqbal Medical College	USMLE
100.	Sherley Charles Samuels	Temple University School of Medicine	USMLE/GA
101.	Vikram P Singh Sandhu	Government Medical College Amritsar	USMLE
102.	Trent Michael Scott	University of Tennessee Health Science Center College of Medicine	USMLE/TN
103.	Cherie Baggett Shuler	Alabama College of Osteopathic Medicine	COMLEX
104.	Sydney O'Gorman Smith	Lincoln Memorial Univ Debusk College of Osteopathic Medicine	COMLEX
105.	Wesley Matthew Smith	Lincoln Memorial Univ Debusk College of Osteopathic Medicine	COMLEX/SC
106.	Shanna Leslie Sowell	University of Texas - Houston Medical School	USMLE

Name	Medical School	Endorsement
107.Andrew Paul Stein	Medical College of Wisconsin	USMLE/FL
108.Durga Ram Sure	Kasturba Medical College, Mangalore	USMLE/MN
109.Spurthi Sunil Surpur	Rajiv Gandhi University of Health Sciences	USMLE
110.Ignasia Tanone	University of Alabama School of Medicine Birmingham	USMLE/HI
111.Justin Richard Taylor	SUNY Upstate Medical University	USMLE/VA
112.Edwin Edgardo Taylor	Louisiana State University Medical Center in Shreveport	USMLE/LA
113.Claudia Tejera Quesada	Ibero-American University	USMLE/FL
114.Peter Joseph Teravskis	University of Minnesota Medical School - Minneapolis	USMLE
115.Dilip Manilal Thakker	BJ Medical College. Ahmedabad	FLEX/NY
116.Elizabeth Anastasia Tiller	Edward Via College of Osteopathic Medicine-Auburn campus	COMLEX
117.Colin David Tkatch	Drexel University College of Medicine	USMLE/VT
118.Rakesh K. Varma	Seth GS Medical College	USMLE/PA
119.Earl Newton Walker IV	Louisiana State University Medical Center in Shreveport	USMLE/LA
120.Daniel F Weisberg	Yale University School of Medicine	USMLE/NY
121.Junkai Wen	Nankai University	USMLE
122.David Phillip Woods	University of Alabama School of Medicine Birmingham	USMLE/CO
123.Thomas Holloway Wool	Alabama College of Osteopathic Medicine	COMLEX/KY
124.Amro A Yassin-Awad	Texas Tech Univ School of Medicine	USMLE
125.Reham Yehia	American University of Beirut	USMLE
126.Daniel Philip Zieman	University of South Alabama College of Medicine	USMLE/FL
127.*Benjamin S E Echols	Univ of Alabama School of Medicine Birmingham	USMLE
128.*Jenelle M Fernandez	Ross University	USMLE/FL
129.*Rochelle R Grant	Philadelphia College of Osteo Med – Georgia Campus	COMLEX/PA
130.*Susan Lynn Behar	Ross University	USMLE/WV
131.*Henry Chase Bradford	University of Massachusetts Medical School	USMLE/MA
132.*Kaehler J Roth	Univ of Alabama School of Medicine Birmingham	USMLE
133.*Geoffrey Y F Tsoi	University of Pikeville Kentucky College of Osteo	COMLEX/CA
134.Agastya Deepak Belur	Seth GS Medical College	USMLE/KY
135.*Julian V Deese	University of Oklahoma Health Science Center	NBME/OK
136.Robin M Elliott	Boston University School of Medicine	USMLE/NY
137.Mary Morgan W Brown	University of South Alabama College of Medicine	USMLE/AZ
138.Mark Andrus Flood	Chicago College of Osteopathic Medicine	COMLEX/IL
139.Shefali Godara	Maulana Azad Medical College, University of Delhi	USMLE/MI
140.Scott R Sanderson	University of Washington School of Medicine	USMLE/HI
141.Charles B Simpson	University of Texas Medical School at Galveston	FLEX/OK
142.Eric H Wright	Augusta University	USMLE/NC

**Approved pending acceptance and payment of NDC issued by the BME.*

A motion was made by Commissioner Aldridge with a second by Commissioner Morris to approve applicant numbers one through one hundred forty-two (1-142) for full licensure. The motion was approved by unanimous vote.

After the Commission's meeting, applicant #6 Rakesh R. Amin, M.D., was found to be ineligible for a Certificate of Qualification and license to practice medicine and was removed from the list of approved applicants in these Minutes due to the Commission's approval being void ab initio.

Limited License Applicants

	Name	Medical School	Endorsement	Location	License
1.	Tanja Dudenbostel	George August Univ of Gottingen	LL/AL	UAB IM	SP
2.	Somer Nicole Durr	Univ of Mississippi School of Medicine	LL/AL	Brookwood Baptist IM	R
3.	Donald K Groves	Univ of Miami Miller School of Medicine	LL/AL	UAB Surgery	F
4.	Rebecca John	Kannur Medical College	LL/AL	UAB Dept of Nephrology	R
5.	Ricardo Marin-Tamayo	Universidad Peruana Cayetano Heredia	LL/AL	UAB IM	R
6.	Danielle S Nelson	U of Med and Health Sciences, St. Kitts	LL/AL	USA Peds	R
7.	Ortal Resnick	Hadassah Medical School, Hebrew Univ	LL/AL	UAB Peds/Endocrinology	F

A motion was made by Commissioner Aldridge with a second by Commissioner Morris to approve applicant numbers one through seven (1-7) for limited licensure. The motion was approved by unanimous vote.

IMLCC Report

The Commission received as information a report of the licenses that were issued via the Interstate Medical Licensure Compact from January 1, 2024, through January 31, 2024. A copy of this report is attached as Exhibit "A".

REPORTS

Physician Monitoring Report

The Commission received as information the physician monitoring report dated February 22, 2024. A copy of the report is attached as Exhibit "B".

2023 Annual Report

The Commission received as information the 2023 Annual Report. A copy of the report is attached as Exhibit "C".

APPLICANTS FOR REVIEW

Jeremy Barnett, M.D.

A motion was made by Commissioner Alsip with a second by Commissioner Nelson-Garrett to approve Dr. Barnett's application for full licensure. The motion was approved by unanimous vote.

Richard Boone, D.O.

A motion was made by Commissioner Alsip with a second by Commissioner Aldridge to approve Dr. Boone's application for full licensure. The motion was approved by unanimous vote.

Korie Griffith, M.D.

A motion was made by Commissioner Nelson-Garrett with a second by Commissioner Varner to approve Dr. Griffith's application for full licensure. The motion was approved by unanimous vote.

REQUESTS

Edith H. McCreadie, M.D.

The Commission considered a request filed by Dr. McCreadie to remove restrictions placed on her Alabama medical license. A motion was made by Commissioner Alsip with a second by Commissioner Nagrodzki to lift the restrictions and to remove Dr. McCreadie's license from probationary status. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "D".

DISCUSSION ITEMS

FSMB Draft Report – Regulation of Physicians in Training

The Commission received as information the FSMB Draft report on the Regulation of Physicians in Training. A copy of the report is attached hereto as Exhibit "E".

FSMB Draft – Position Statement on Evidence-Based Treatment for Opioid Use Disorder

The Commission received as information the FSMB Draft report on the Position Statement on Evidence-Based Treatment for Opioid Use Disorder. A copy of the report is attached hereto as Exhibit "F".

FSMB Draft Report – Guidelines and Recommendations of Incorporation of AI into Clinical Practice

The Commission received as information the FSMB Draft Report on the Guidelines and Recommendations of Incorporation of AI into Clinical Practice. A copy of the report is attached hereto as Exhibit "G".

Ala. Admin. Code 545-X-4-6, Unprofessional Conduct

The Commission received as information a memorandum regarding the Alabama Administrative Code 545-X-4-6, Unprofessional Conduct. Vice-Chairman Alsip, Aaron Dettling, General Counsel, and Wilson Hunter, General Counsel of the Board will submit the proposed amendment of Ala. Admin. Code 545-X-4-6, to the Commission at the March 28, 2024, meeting for approval. A copy of the memorandum is attached hereto as Exhibit "H".

BME Rules for Publication – 540-X-27, Bridge Year Graduate Physicians

The Commission received as information the BME Rules for Publication – 540-X-27, Bridge Year Graduate Physicians. A copy of the rule is attached hereto as Exhibit "I".

Proposal for Professional Boundaries CME Requirement

The Commission received as information the Proposal for Professional Boundaries CME Requirements submitted by the BME and MLC Joint Consultant Group on Physician Sexual Misconduct. A copy of the proposal is attached hereto as Exhibit "J".

Michael Douglas Dick, M.D.

The Commission received a verbal update from Aaron Dettling, General Counsel on the status of Dr. Dick's pending criminal case.

MLC Hearing Schedule

The Commission reviewed and received the current hearing schedule as information. A copy of the hearing schedule is attached hereto as Exhibit "K".

ADMINISTRATIVE FILINGS

Lauren E. Duensing, M.D.

The Commission received a Motion to Alter, Amend and Partially Vacate Consent Decree filed on behalf of Dr. Duensing. A motion was made by Commissioner Morris with a second by Commissioner Alsip to deny the motion as premature. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "L".

Viplove Senadhi, D.O.

The Commission received an Administrative Complaint and Petition for Summary Suspension filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Alsip with a second by Commissioner Aldridge to enter an order summarily suspending Dr. Senadhi's license to practice medicine in Alabama and setting a hearing for June 26, 2024. The motion was approved by unanimous vote. Commissioner Nelson-Garrett recused from the vote. A copy of the Commission's order is attached hereto as Exhibit "M".

At 10:26 a.m., the Commission entered closed session pursuant to Alabama Code § 34-24-361.1 to hear and consider the following matters:

CLOSED SESSION UNDER ALA. CODE 34-24-361.1

Cameron T. Corte, M.D.

The Commission received an Amended Motion to Continue Hearing regarding the Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Alsip with a second by Commissioner Aldridge to continue the hearing indefinitely and directing parties to file a joint status report with the Commission no later than May 22, 2024. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto Exhibit "N".

Ludonir C. Sebastiany, M.D.

A motion was made by Commissioner Alsip with a second by Commissioner Nagrodzki to accept the Voluntary Surrender of Dr. Sebastiany's Alabama medical license. The motion was approved by unanimous vote. A copy of the Voluntary Surrender is attached hereto as Exhibit "O".

Evann Max Herrell, D.O.

A motion was made by Commissioner Alsip with a second by Commissioner Morris to accept the Voluntary Surrender of Dr. Herrell's Alabama medical license. The motion was approved by unanimous vote. A copy of the Voluntary Surrender is attached hereto as Exhibit "P".

Richard E. Jones, III, M.D.

At the conclusion of the hearing, a motion was made by Commissioner Alsip with a second by Commissioner Morris to issue an order imposing an administrative fine of $10,000 per count, for a total of $20,000, revoking the license to practice medicine, staying the revocation, and imposing terms of probation, including the completion of specified continuing medical education courses; requiring respondent to cease and desist from holding out the non-licensed employee as a physician; requiring respondent to cease and desist from allowing non-licensed employee to perform acts constituting the practice of medicine; requiring clinic employees to wear identification badges clearly disclosing credentials; imposing specific documentation and patient disclosure requirements; requiring a copy of the Order to be provided to each physician employed in respondent's practice; and allowing Board investigators to examine patient records. A copy of the Commission's Order is attached hereto as Exhibit "Q." Commissioner Aldridge did not participate in the proceedings and took no part in the decision of this matter.

Meeting adjourned at 1:58 p.m.

PUBLIC MEETING NOTICE: The next meeting of the Alabama Medical Licensure Commission was announced for Thursday, March 28, 2024, 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

3/28/2024
Date Signed

IMLCC Licenses Issued January 1, 2024 - January 31, 2024 (1

Name	License Type	License Number	Status	Issue Date	Expiration Date	
Kiki Yu Hu Lwin	MD	48062	Active	1/12/2024	12/31/2024	A
Andrew James Prindle	MD	48106	Active	1/22/2024	12/31/2024	A
Jeffrey Chih-Yi Lin	MD	48111	Active	1/23/2024	12/31/2024	A
Farah Haidar Akhdar	DO	3559	Active	1/23/2024	12/31/2024	A
Enrique Martinez	MD	48113	Active	1/24/2024	12/31/2024	A
Lauro Amezcua-Patino	MD	48187	Active	1/29/2024	12/31/2024	A
Simon Alfredo Izaguirre	MD	47978	Active	1/3/2024	12/31/2024	C
Melissa Lee Park	MD	48035	Active	1/4/2024	12/31/2024	C
Paul Emil Franks	MD	48056	Active	1/9/2024	12/31/2024	C
Roshini S Malaney	DO	3541	Active	1/9/2024	12/31/2024	C
Jason Francis Fisher	DO	3552	Active	1/19/2024	12/31/2024	C
Sumera Amin	MD	48108	Active	1/23/2024	12/31/2024	C
Daniel M Horn	MD	48112	Active	1/23/2024	12/31/2024	C
Karl Andrew Marzec	MD	48176	Active	1/26/2024	12/31/2024	C
Parastou Shilian	DO	3578	Active	1/26/2024	12/31/2024	C
Georgia Gaveras	DO	3580	Active	1/30/2024	12/31/2024	C
Julie Seibert	MD	48197	Active	1/30/2024	12/31/2024	C
Steven Wayne Swearingen	DO	3581	Active	1/30/2024	12/31/2024	C
Narayana Sarma Venkata Singam	MD	48078	Active	1/17/2024	12/31/2024	D
Omobolaji Oluseyi Oyebanjo Popoola	MD	48034	Active	1/4/2024	12/31/2024	G
Mariam Rabya Qureshi	MD	48053	Active	1/9/2024	12/31/2024	G
Pramodini Gosukonda	MD	48061	Active	1/12/2024	12/31/2024	G
Yulia Salamatova	DO	3547	Active	1/17/2024	12/31/2024	G
Jordan Elizabeth Dixon	DO	3548	Active	1/17/2024	12/31/2024	G
Robert Alan Fishman	MD	48083	Active	1/17/2024	12/31/2024	G
Fahad Khan	DO	3553	Active	1/19/2024	12/31/2024	G
Kira Peoples Colbert	MD	48168	Active	1/25/2024	12/31/2024	G
Uzoma O Anaba	MD	48175	Active	1/26/2024	12/31/2024	G
Gwinyai Chikwava	MD	48194	Active	1/30/2024	12/31/2024	G

Judith Harriet Weiss	MD	48203	Active	1/31/2024	12/31/2024	Ic
Mark Nathan Rubin	MD	47986	Active	1/3/2024	12/31/2024	Ill
David Wayne Kelton	MD	48036	Active	1/4/2024	12/31/2024	Ill
Erhime Teka Badejo	MD	48047	Active	1/9/2024	12/31/2024	Ill
Michael Schifano	DO	3543	Active	1/12/2024	12/31/2024	Ill
Adeshola Ezeokoli	MD	48063	Active	1/12/2024	12/31/2024	Ill
Benjamin Marks	MD	48075	Active	1/17/2024	12/31/2024	Ill
Mohammed Abdul Rahman Khan	MD	48146	Active	1/24/2024	12/31/2024	Ill
Inderjote S Kathuria	MD	48207	Active	1/31/2024	12/31/2024	Ill
Jacqueline Carter	MD	47979	Active	1/3/2024	12/31/2024	Lo
Matthew Mack Abraham	MD	47989	Active	1/3/2024	12/31/2024	Lo
Elizabeth Ann Recupero	DO	3535	Active	1/4/2024	12/31/2024	Lo
Tolulope Famuyiro	MD	48082	Active	1/17/2024	12/31/2024	Lo
Jeffrey Daniel Covington	MD	48089	Active	1/19/2024	12/31/2024	Lo
Sarah Camille Glover	DO	3556	Active	1/22/2024	12/31/2024	Lo
Sandra McCatty	MD	47984	Active	1/3/2024	12/31/2024	M
Benjamin Lockshin	MD	48051	Active	1/9/2024	12/31/2024	M
Yuval Shafrir	MD	48054	Active	1/9/2024	12/31/2024	M
Adam Z Kawalek	MD	48080	Active	1/17/2024	12/31/2024	M
Sandeep Bagla	MD	48098	Active	1/19/2024	12/31/2024	M
Alex Pavidapha	MD	48105	Active	1/22/2024	12/31/2024	M
Dorothy Patricia Fedis	MD	48186	Active	1/29/2024	12/31/2024	M
Rajaninder Sharma	MD	47982	Active	1/3/2024	12/31/2024	M
Mountaha Eidy	DO	3542	Active	1/10/2024	12/31/2024	M
Janet Louise Sprague	DO	3546	Active	1/17/2024	12/31/2024	M
Tori LaFleur	MD	48173	Active	1/25/2024	12/31/2024	M
Joshua Michael Davidson	MD	47988	Active	1/3/2024	12/31/2024	M
Ruby W Tam	DO	3557	Active	1/23/2024	12/31/2024	M
Kelsey MB McAnally	DO	3572	Active	1/24/2024	12/31/2024	M
Brett Jon Person	MD	48060	Active	1/12/2024	12/31/2024	M
Brent Lenhart Toland	MD	48072	Active	1/17/2024	12/31/2024	M
Michael Buehler	MD	48104	Active	1/19/2024	12/31/2024	M

Margaret Haley Shepherd	MD	48200	Active	1/30/2024	12/31/2024	M
Joe Vincent Somers	MD	47992	Active	1/3/2024	12/31/2024	M
Byron Luther Barksdale	MD	48037	Active	1/4/2024	12/31/2024	N
Christopher Velasquez	DO	3544	Active	1/17/2024	12/31/2024	N
Douglas Allen Green	MD	48204	Active	1/31/2024	12/31/2024	N
Garvin Sidharaj Patel	MD	47980	Active	1/3/2024	12/31/2024	N
Donald Hugh Mayes	MD	47981	Active	1/3/2024	12/31/2024	N
Cindy Moria Duke	MD	48188	Active	1/29/2024	12/31/2024	N
Eleanor Bueno	DO	3530	Active	1/3/2024	12/31/2024	N
Imad S Moiduddin	MD	47983	Active	1/3/2024	12/31/2024	O
Gregory Mark Gottschlich II	DO	3534	Active	1/4/2024	12/31/2024	O
Tamara Kimberlee Pylawka	MD	48077	Active	1/17/2024	12/31/2024	O
William Gerard Buoni	MD	48103	Active	1/19/2024	12/31/2024	O
Kim Ronald Routh	DO	3554	Active	1/22/2024	12/31/2024	O
Daniel Neumeyer	DO	3579	Active	1/29/2024	12/31/2024	O
Nevine N Mahmoud	MD	48183	Active	1/29/2024	12/31/2024	O
Stefan Hakon Pomrenke	MD	48206	Active	1/31/2024	12/31/2024	O
Nicole Bernard Washington	DO	3532	Active	1/3/2024	12/31/2024	O
Allison Patrice Payne	MD	48094	Active	1/19/2024	12/31/2024	O
Ernest Tabi Abunaw	MD	48099	Active	1/19/2024	12/31/2024	O
Stanley Christopher Shadid	MD	48110	Active	1/23/2024	12/31/2024	O
Kelly Marie Andrews	MD	47985	Active	1/3/2024	12/31/2024	T
Tesfaye Regaa Guyassa	MD	47987	Active	1/3/2024	12/31/2024	T
Edwin Allen Raines	MD	48048	Active	1/9/2024	12/31/2024	T
Abiola Olawale Familusi	MD	48059	Active	1/11/2024	12/31/2024	T
Laura Diane Thomas	DO	3545	Active	1/17/2024	12/31/2024	T
Kabir Harricharan Singh	MD	48076	Active	1/17/2024	12/31/2024	T
Robert Morris Kent	MD	48171	Active	1/25/2024	12/31/2024	T
Mark Alan Hartsfield	DO	3576	Active	1/25/2024	12/31/2024	T
Inna Yaskin	DO	3531	Active	1/3/2024	12/31/2024	T
Chinedu John Ngwudike	MD	47994	Active	1/3/2024	12/31/2024	T
Rahul Anil Sheth	MD	47995	Active	1/3/2024	12/31/2024	T

Bagi RP Jana	MD	48000	Active	1/4/2024	12/31/2024	T
Paul W Gidley	MD	48001	Active	1/4/2024	12/31/2024	T
Alexandra P Ikeguchi	MD	48002	Active	1/4/2024	12/31/2024	T
Rodabe Navrose Amaria	MD	48003	Active	1/4/2024	12/31/2024	T
William Henry Morrison	MD	48004	Active	1/4/2024	12/31/2024	T
Kerin Bess Adelson	MD	48005	Active	1/4/2024	12/31/2024	T
Sreedhar Ammanji Mandayam	MD	48007	Active	1/4/2024	12/31/2024	T
Demetrios Petropoulos	MD	48008	Active	1/4/2024	12/31/2024	T
Najat Chafic Daw	MD	48009	Active	1/4/2024	12/31/2024	T
Farhad Rahimi Danesh	MD	48010	Active	1/4/2024	12/31/2024	T
Douglas Michael Coldwell	MD	48011	Active	1/4/2024	12/31/2024	T
Garrett Lyndon Walsh	MD	48012	Active	1/4/2024	12/31/2024	T
Madhulika Eluri	MD	48013	Active	1/4/2024	12/31/2024	T
Lonzetta Lucette Newman	MD	48014	Active	1/4/2024	12/31/2024	T
Roberto Adachi	MD	48015	Active	1/4/2024	12/31/2024	T
Sonya Khan	MD	48016	Active	1/4/2024	12/31/2024	T
Vahid AfsharKharghan	MD	48017	Active	1/4/2024	12/31/2024	T
Nelda Patricia Itzep	MD	48018	Active	1/4/2024	12/31/2024	T
Omar Mamlouk	MD	48019	Active	1/4/2024	12/31/2024	T
Amy W An	MD	48020	Active	1/4/2024	12/31/2024	T
Jeena Mary Varghese	MD	48021	Active	1/4/2024	12/31/2024	T
Peirong Yu	MD	48022	Active	1/4/2024	12/31/2024	T
Alisha Heather Bent	MD	48023	Active	1/4/2024	12/31/2024	T
Rhea M Phillips	MD	48024	Active	1/4/2024	12/31/2024	T
Jeffrey Steven Weinberg	MD	48025	Active	1/4/2024	12/31/2024	T
Steven Gerard Waguespack	MD	48026	Active	1/4/2024	12/31/2024	T
Shaan Mohammed Raza	MD	48027	Active	1/4/2024	12/31/2024	T
Steven Philip Weitzman	MD	48028	Active	1/4/2024	12/31/2024	T
Nicolas Lawrence Palaskas	MD	48029	Active	1/4/2024	12/31/2024	T
Priti Tewari	MD	48030	Active	1/4/2024	12/31/2024	T
Eduardo Vilar Sanchez	MD	48031	Active	1/4/2024	12/31/2024	T
Sonali Niranjan Thosani	MD	48032	Active	1/4/2024	12/31/2024	T

Ala Abudayyeh	MD	48033	Active	1/4/2024	12/31/2024	Te
Mouhammed Amir Habra	MD	48045	Active	1/9/2024	12/31/2024	Te
Ezinne Chieme Nwankwo	MD	48046	Active	1/9/2024	12/31/2024	Te
Vasanth Sathiyakumar	MD	48049	Active	1/9/2024	12/31/2024	Te
Sarah Marie DeSnyder	MD	48050	Active	1/9/2024	12/31/2024	Te
Andrew Daniel Sumarsono	MD	48055	Active	1/9/2024	12/31/2024	Te
Alex Jabourian	DO	3540	Active	1/9/2024	12/31/2024	Te
Zhenjian Cai	MD	48057	Active	1/10/2024	12/31/2024	Te
Shannon Jeongsim Koh	MD	48066	Active	1/17/2024	12/31/2024	Te
Hridayesh Singh Nat	MD	48067	Active	1/17/2024	12/31/2024	Te
Olivia Afamefuna Ajaero	MD	48068	Active	1/17/2024	12/31/2024	Te
Julia Takahashi McManus	MD	48070	Active	1/17/2024	12/31/2024	Te
Alexander Francis Mericli	MD	48071	Active	1/17/2024	12/31/2024	Te
Cynthia Elaine Herzog	MD	48073	Active	1/17/2024	12/31/2024	Te
Christopher Scally	MD	48074	Active	1/17/2024	12/31/2024	Te
Kathleen Elizabeth Sharp	MD	48079	Active	1/17/2024	12/31/2024	Te
Jennifer Leigh Johnson	MD	48081	Active	1/17/2024	12/31/2024	Te
Amber Lea Gibson	DO	3549	Active	1/17/2024	12/31/2024	Te
Ramona Dadu	MD	48084	Active	1/17/2024	12/31/2024	Te
David Paul Myers	MD	48085	Active	1/17/2024	12/31/2024	Te
Anne Kleiman	DO	3550	Active	1/17/2024	12/31/2024	Te
Bita Esmaeli-Azad	MD	48086	Active	1/17/2024	12/31/2024	Te
Rawaa Mumtaz Almukhtar	MD	48087	Active	1/18/2024	12/31/2024	Te
Kerry Annette Laursen	MD	48090	Active	1/19/2024	12/31/2024	Te
Hojin Sun	MD	48091	Active	1/19/2024	12/31/2024	Te
Jonathon Bryce Edward Olenczak	MD	48092	Active	1/19/2024	12/31/2024	Te
Mark Warren Clemens	MD	48093	Active	1/19/2024	12/31/2024	Te
Conor John Best	MD	48095	Active	1/19/2024	12/31/2024	Te
Richard Greg Gorlick	MD	48096	Active	1/19/2024	12/31/2024	Te
Evelina P Todd	MD	48097	Active	1/19/2024	12/31/2024	Te
David Matthew Adelman	MD	48100	Active	1/19/2024	12/31/2024	Te
Jim J Guerra	MD	48101	Active	1/19/2024	12/31/2024	Te

Victor Joseph Hassid	MD	48102	Active	1/19/2024	12/31/2024	T
Marguerite Catherine Broyles	DO	3555	Active	1/22/2024	12/31/2024	T
Nanna Amampene Oseitutu-Ebanks	MD	48107	Active	1/23/2024	12/31/2024	T
Ashleigh Michelle Francis	MD	48109	Active	1/23/2024	12/31/2024	T
Anila Rondell Ricks-Cord	MD	48145	Active	1/24/2024	12/31/2024	T
Brook Anne Carlton	MD	48155	Active	1/24/2024	12/31/2024	T
Brandon Douglas Brown	MD	48169	Active	1/25/2024	12/31/2024	T
Olubukola Aduke Okoro	MD	48174	Active	1/26/2024	12/31/2024	T
Blessie Nelson	MD	48184	Active	1/29/2024	12/31/2024	T
Swaminathan Padmanabhan Iyer	MD	48185	Active	1/29/2024	12/31/2024	T
Marie Rosenberg	MD	48190	Active	1/29/2024	12/31/2024	T
Whitney Lachar	MD	48191	Active	1/29/2024	12/31/2024	T
Michael Falaye	MD	48195	Active	1/30/2024	12/31/2024	T
Douglas James Harrison	MD	48196	Active	1/30/2024	12/31/2024	T
Branko Cuglievan Gulman	MD	48198	Active	1/30/2024	12/31/2024	T
Fiorela Natali Hernandez Tejada	MD	48199	Active	1/30/2024	12/31/2024	T
Victor Ralph Lavis	MD	48201	Active	1/30/2024	12/31/2024	T
Hana Iqbal Javaid	MD	48202	Active	1/30/2024	12/31/2024	T
Purushottam Tiwari	MD	47990	Active	1/3/2024	12/31/2024	W
Nancy Sharma	MD	47993	Active	1/3/2024	12/31/2024	W
Joanne Wu	MD	48052	Active	1/9/2024	12/31/2024	W
Eunjoo Yoo	MD	48069	Active	1/17/2024	12/31/2024	W
Hollie Lynn Gaeto	DO	3558	Active	1/23/2024	12/31/2024	W
James Arthur Halgrimson	DO	3577	Active	1/26/2024	12/31/2024	W
Ryan Gorman	DO	3582	Active	1/30/2024	12/31/2024	W
Mahija Kottapalli	MD	48006	Active	1/4/2024	12/31/2024	W

**Total licenses issued since April 2017 - 3,749*

EXHIBIT
B

STATE of ALABAMA
MEDICAL LICENSURE COMMISSION

To: Medical Licensure Commission

From: Nicole Roque

Subject: February Physician Monitoring Report

Date: 2/22/2024

The physicians listed below are currently being monitored by the MLC.

Physician:	**Thomas Paul Alderson, M.D.**
Order Type:	BME/MLC
Due Date:	Monthly
Order Date:	1/2/2024
License Status:	Active-Restricted
Requirements:	Administrative Cost ($3,531)
Received:	*No payment has been received

Physician:	**Gary M. Bullock, D.O.**
Order Type:	MLC
Due Date:	6/27/2024
Order Date:	8/25/2023
License Status:	Active-Probation
Requirements:	Administrative Cost ($27,460.27) Administrative Fine ($20,000) Administrative Cost and Fine to be paid in full by 6/27/2024.
Received:	*No payment has been received

Physician:	**David Wayne Cole, M.D.**
Order Type:	BME/MLC
Due Date:	Other
Order Date:	11/22/2023
License Status:	Active
Requirements:	Medical Ethics and Professional Course (ME-22 Extended) at PBI
Received:	Certificate of completion

Physician:	**Lauren Elizabeth Duensing, M.D.**
Order Type:	BME/MLC
Due Date:	Monthly
Order Date:	10/31/2023
License Status:	Active-Restricted
Requirements:	APHP Report
Received:	Report from Rob Hunt with supporting documents

Physician:	**Sharon G. Griffitts, M.D.**
Order Type:	MLC
Due Date:	12/31/2023
Order Date:	8/25/2023
License Status:	Inactive
Requirements:	Administrative Fine $10,000 to be paid in full by 12/31/2023. 75 CME Credits by December 31, 2023
Received:	49.25 CME verified credits *No payment has been received

Physician:	**Shakir Raza Meghani, M.D.**
Order Type:	BME/MLC
Due Date:	Monthly
Order Date:	11/20/2023
License Status:	Active
Requirements:	Check PDMP Monthly
Received:	PDMP Compliant

EXHIBIT

C

Alabama Medical Licensure Commission
2023 Annual Report

LICENSURE

Medicine/Osteopathy Licenses Issued 3,350

- MD 1,208
- DO 253
- LL 322
- RSV 2
- Temporary MD 3
- Temporary DO 2
- IMLC (MDs – 1364) (DOs – 196) 1,560

Medicine/Osteopathy Licenses Renewed 21,002

In-State Physician Renewals 12,692

Out-of-State Physician Renewals 7,855

Reinstatements (Non-Disciplinary) 126

DISIPLINARY ACTIONS

Administrative Complaints Filed 36

- Summary Suspension 5
- Revocation of Medical License 2
- Surrender of Medical License 1
- Reprimand/Fine/CME Violation 14
- Fine/Reprimand 5
- Fine/Revocation 2
- Complaints Dismissed 2
- Administrative Complaints Pending from 2022 4

Hearings Carried Over to 2023 7

Voluntary Surrender 7

Administrative Fines Assessed 28

Administrative Costs Assessed 3

Reinstatement Contested by BME 2
- Reinstatements Denied 1
- Reinstatements Granted 1

Requests to Lift/Modify MLC Orders 9
- Modifications Approved 4
- Requests Denied 2
- Request Pending 3

Show Cause Hearings for Licensure 2
- Licenses Approved 1
- Pending Hearing 1

Show Cause Hearings for Non-Compliance 3

Appeal to the MLC of BME Decision 0
- MLC Affirmed 0

Appeal to Court of Civil Appeals 2
- MLC Decision Affirmed 0
- MLC Decision Denied 0
- Appeal Pending 2

Appeal to Alabama Supreme Court 0
- MLC Decision Affirmed 0

EXHIBIT
D

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,

Complainant,

vs.

EDITH GUBLER MCCREADIE, M.D.,

Respondent.

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

CASE NO. 2017-297

ORDER

On September 10, 2019, we entered a Final Order that, among other things, imposed conditions of probation on Respondent's license to practice medicine in Alabama. This matter is before the Medical Licensure Commission of Alabama on Respondent's request to remove the conditions of probation and to reinstate her license to full and unrestricted status.

Respondent has completed the Case Western Reserve University's Intensive Course in Controlled Substance Prescribing, as required by our Order of June 7, 2021, and the Board does not oppose Respondent's request.

Accordingly, it is ORDERED that Respondent's request to remove the conditions of probation from her license is GRANTED, and Respondent's license to practice medicine in Alabama is reinstated to full and unrestricted status.

DONE on this the 12th day of March, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2024-03-12 09:59:12 CDT

Craig H. Christopher, M.D.
its Chairman

EXHIBIT
E

STATE *of* ALABAMA
MEDICAL LICENSURE COMMISSION

MEMORANDUM

To: Alabama Medical Licensure Commission

From: Rebecca Robbins

Date: 02/12/2024

Subject: FSMB Draft Report: *Report of the FSMB Workgroup on the Regulation of Physicians in Training*

The Federation of State Medical Boards is seeking comment and feedback on its draft report concerning the regulation of physicians in training. Following consideration of any comments received, the final document and recommendations will be presented to the House of Delegates at the 2024 Annual Meeting.

Comments are due by **March 10, 2024**. If the Commission has no comments, this item should be received as information.

Report of the FSMB Workgroup on the Regulation of Physicians in Training

Introduction

It is only in recent decades that state medical boards have established a more formal regulatory relationship with physicians-in-training (also referred to as resident physicians, residents or fellows.) Prior to that time, physicians-in-training who obtained their medical degrees in the United States or abroad progressed through accredited graduate medical education (GME) with little to no contact with state medical boards until they applied for a full and unrestricted medical license. This left many state medical boards with inadequate or no knowledge of these physicians, including of their supervised management of patients or their educational and professional progression through GME, because no formal nexus (e.g., training license) existed for reporting to the licensing community.

Background

Since the FSMB's House of Delegates adopted a policy on *Licensure of Physicians Enrolled in Postgraduate Training* in 1996, much has evolved in relation to how state medical boards regulate resident physicians. This has included an increase in the number of states that now require a form of training licensure, improved administrative processes to issue and maintain those licenses, increased efforts to support physician wellness, and an increasingly mobile resident workforce that seeks training in more than one state or territory.

The Workgroup on the Regulation of Physicians in Training ("Workgroup") was established by FSMB Chair, Jeffrey Carter, MD, in April of 2023 to bring together representatives from state medical boards and organizations representing medical and osteopathic medical education, graduate medical education, and international medical graduate certification to develop recommendations for state medical boards related to the regulatory oversight of physicians enrolled in post-graduate training programs within their jurisdiction.

The Workgroup was chaired by FSMB Board of Directors member and chair of the District of Columbia Board of Medicine, Andrea Anderson, MD, M.Ed. The assigned charge was the following: conducting a comprehensive review of state medical and osteopathic board licensure and other regulatory requirements related to the oversight of physicians in postgraduate training programs; reviewing and evaluating existing FSMB recommendations related to the oversight of physicians enrolled in postgraduate training programs, with particular focus on the appropriate timeline to meet requirements for full and unrestricted licensure; evaluating current research related to the current state of graduate medical education, physician workforce projections, and the experience of states offering alternate licensure categories; reviewing current programs to support the wellness of physicians enrolled in postgraduate training programs and explore the role of state medical boards in supporting those efforts; and identifying barriers and developing recommendations designed to facilitate the ability of residents to participate in clinical rotations in remote jurisdictions, as may be necessary to meet training requirements.

The Workgroup met five times over the course of a year to work through the elements of the charge, reviewing current statutes and regulations, receiving presentations from state medical board staff and subject matter experts, and drafting this report and recommendations. The recommendations detailed in this report focus on the administrative processes of state medical boards in their interactions with resident physicians and postgraduate training programs.

State Medical Board Administrative Processes

At the time of the FSMB's 1996 report, 56% of states that were surveyed said they offered training licenses while 5% said they offered institutional licenses to training programs. A 2024 survey by FSMB staff, conducted in support of this Workgroup, demonstrated that nearly all states now have in their statutes or procedures a licensing process for the regulation of resident physicians, wherein a license is granted to the resident participating in a qualifying GME program. The GME program is often involved in the initial application process, but the license is usually granted to the individual. There is only one jurisdiction that still utilizes an "institutional license," wherein the resident physician does not receive an individual license from the state medical board but instead practices under the authority granted by the state medical board to the institution where the resident trains.

All jurisdictions in the United States now require some form of oversight of physicians-in-training, with at least 65 state medical and osteopathic boards (out of 70) requiring an individual resident license. These licenses, however, differ by the name given to the license, its length of issue, and the administrative processes that underpin its issuance and maintenance. The resident license may be referred to as a resident license, training license, limited license, permit, etc. Regardless of the name, state medical boards appear to be managing high volumes of resident licenses, including those held by physicians completing clinical rotations in their jurisdictions for only short periods of time (e.g., 1-3 months.)

Resident License Renewal Timeline

The Workgroup reviewed state-specific resident licensing requirements and sought input from state medical board staff in multiple jurisdictions to identify areas that may offer opportunities to recommend ways to reduce administrative burden and cost. A variety of approaches exist for the duration of the training license, from annual issuance and then renewal for each year of training to a term covering the full duration of the program.

A fundamental question arose during Workgroup discussions was the consideration of the practice of renewing a resident license annually. This approach may place a significant administrative burden on state medical board staff, GME programs and resident physicians. Experience from medical boards such as those in Massachusetts suggests that issuing a license for the duration of the relevant GME program may lessen that burden and should be strongly considered. The Workgroup strongly believes, however, that residency program directors or Designated Institutional Officials (DIO) overseeing such training provide annual information to state medical boards about the status and progress of such resident licensees within their programs.

The scope and extent of communications between state medical boards and GME programs appear to differ significantly. Insight gained from the experiences of administrative staff serving on several medical boards suggests that regular communication and outreach (e.g., email, webinars, Zoom meetings)—particularly when timed to coincide with key dates in an annual GME calendar, such as orientation—reflect a best practice to optimize coordination of administrative functions.

Clinical Rotations Within GME

Resident physicians often participate in an "away rotation" during the course of their GME training in order to complete one or more aspects of their training that may not be available at their home institution. In most states, residents who rotate into their jurisdiction for such limited training are still required to obtain

a resident license, even in instances when they are only scheduled to be in the jurisdiction for a relatively limited period of time, e.g., 4 weeks. This creates a substantial administrative burden for state medical board staff and rotating residents, as well as the associated programs. Some jurisdictions do not require the "rotating" resident to obtain a new license, as long as the length of their training is less than a specified number of days (i.e. 30 days or less.)

Reducing administrative burdens and streamlining the process for "away rotations" would be beneficial to state medical boards, resident physicians and GME programs and should be treated as a priority for consideration. If all residents were asked to complete a "uniform resident license application" – an instrument that does not yet exist – states may be able to process and file applications for rotating residents more quickly and efficiently.

More than two decades ago, the FSMB's House of Delegates recognized the value of a standardized medical licensure application to support licensure portability and reduce administrative redundancies for fully licensed practicing physicians. After discussions and engagement with state medical board representatives, the FSMB responded by launching a "Uniform Application for Licensure" (UA) in 2008. The UA has since evolved to become a useful web-based application for both physicians and physician assistants applying for a full and unrestricted initial medical license and this is now used by 27 state medical boards. There may be value in developing a similar application for resident licensure that includes common identifying data points and which implements technological efficiencies that could support portability of resident licensure for "away rotations" and reduce administrative burdens for countless residents and programs.

Statutory and Legislative Considerations

GME Requirements for Full Licensure

The Workgroup reviewed multiple FSMB policies related to resident physicians, including: *Licensure of Physicians Enrolled in Post Graduate Training Programs (1996), Maintaining State-based Medical Licensure and Discipline: A Blueprint for Uniform and Effective Regulation of the Medical Profession (1998),* and relevant sections of *Guidelines for the Structure and Function of a State Medical and Osteopathic Board (2021, and under review in 2024).*[i]

FSMB policy as adopted by its House of Delegates currently recommends that state medical boards require three years of progressive accredited GME in the United States as a requirement for a full and unrestricted medical licensure. However, as of 2024, only a handful of boards have adopted this requirement. For U.S. and Canadian medical school graduates, 40 boards require only one year of GME, while 21 boards require two years of GME for a full license. Boards also vary on the required number of years of GME they mandate for international medical graduates.

Though the recommendation of three years of progressive accredited GME in the United States has been FSMB policy for 25 years, there has not been significant movement by more states or territories to adopt this recommendation. There are also recent trends suggesting heightened legislative interest and activity that are inconsistent with a 3-year GME standard. (See section below)

While the research literature is substantial and compelling about the value of progressive accredited GME (knowledge, competency and professional development), there is less data from the perspective of medical licensure and discipline. One noteworthy exception is a 2016 study by Louisiana's medical board

that correlated fewer than three years of GME with a higher risk of subsequent disciplinary action among licensees.[ii] Further research exploring the correlation between GME and medical board complaints and/or disciplinary action would be helpful as one means to inform the continued merit of FSMB's recommendation for 3 years of progressive GME training.

Alternate/Additional Licensure Categories

Since 2014, intermittent and periodic legislative efforts have been underway in a number of jurisdictions in the United States to create pathways for medical school graduates (whether they graduated from the United States or abroad) who have not been successful in getting placed in a duly accredited GME program so that they might remain working and training as they await placement. Some of these legislative efforts solicited input/guidance from medical regulators before they were introduced or adopted into law; many others did not. Many of these efforts resulted in a wholly new category/type of license that featured novel titles for such physicians, e.g., Assistant Physician, Associate Physician, Graduate Registered Physician, Bridge Year Graduate Physician, etc.

In most instances, such categories were intended to be temporary and transitional stages—tapping into a physician resource for a specific need but with the ultimate goal that these physicians would ultimately obtain a full, unrestricted license that meets all traditional requirements—but in some jurisdictions such individuals have been allowed by statute to become eligible for full and unrestricted medical licensure, sometimes limited to that jurisdiction, without completion of a full examination (USMLE/COMLEX-USA) sequence or accredited post-graduate training.

In some other instances, these newer licensure categories have modified standard requirements for a full license, e.g., bypassing accredited GME in the United States entirely and/or not completion of the entire 3-step licensing exam sequence. As of February 1, 2024, legislation of this type has been introduced in 23 states and passed into law in nine.

The Workgroup discussed these models and the various considerations that factor into each, e.g., access to care, physician workforce, etc., and felt that state regulators should be cognizant of several key factors as they confront interest in these initiatives. First, any physician license category that features reduced requirements related to GME or licensure examinations should be time-limited and not a permanent category in which an individual may work under supervision or otherwise indefinitely. Second, supervision requirements should call for "meaningful supervision" (e.g., with the supervisor directly overseeing a licensee's work and/or available and accessible on short notice) and be no less stringent than what would otherwise be involved in any other physician supervision context in GME. Current FSMB policy does not address these alternate licensure categories and there is insufficient research and policy analysis on the potential impact of these moves on physician supply and their impact on patient safety at this time. A collaboration that includes key stakeholders – including those representing state medical boards, medical and osteopathic medical educators, graduate medical education bodies such as the ACGME, specialty certification authorities, as well as international medical graduates and resident physicians, at a minimum – is needed to study and develop consensus recommendations and resources for state medical boards studying existing and future legislative initiatives in this area. FSMB recognizes the important role of accredited GME training in assuring patient safety.

Supporting the Wellness of Resident Physicians

Physician wellness and burnout has been a priority of the FSMB for several years and was made more urgent in the wake of the COVID-19 pandemic. The FSMB's House of Delegates adopted as policy the *Report and Recommendations of the Workgroup on Physician Wellness and Burnout* in 2018. The Report recognized that the factors impacting physician wellness also apply to residents and medical students.

Our Workgroup heard from representatives from the ACGME about the importance of supporting resident wellness, and from representatives of state physician health programs (PHPs) about services that residents may access within PHPs. Most states allow residents to participate in a PHP and services offered beyond SUD treatment typically include intake and assessment, referrals and evaluations for a variety of health concerns, care coordination, collaboration with training programs, monitoring and verification of health status.

Confidentiality and License Application Questions

The Workgroup discussed concerns about health-related questions on resident license applications that may be too probing and which may discourage applicants from seeking help. The FSMB's Physician Wellness and Burnout Policy specifically addressed health-related questions on applications for initial licensure and renewal, recommending that *state medical boards review their medical licensure (and renewal) applications and evaluate whether it is necessary to include probing questions about a physician applicant's mental health, addiction, or substance use, and whether the information these questions are designed to elicit in the interests of patient safety may be obtained through means that are less likely to discourage treatment-seeking among physician applicants*. The policy included specific recommendations related to the removal of such questions, the need to modify such questions to focus on current impairments (if a state medical board decides to include such questions), and the option of an attestation model.

However, the recommendations adopted in 2018 did not address health-related questions on resident license applications. In a staff review of 19 resident licensure applications, there appears to be significant variation in the presence of, and language utilized in, health-related questions. Variation also exists in some instances between the questions asked on a resident license application versus that contained in an application for full licensure in the same state.

Given these inconsistencies and the probing nature of some of the questions, the Workgroup recommends state medical boards apply the recommendations from the FSMB's Physician Wellness and Burnout policy to all applications for licensure, including those for resident licenses.

Resident Physician Workforce

The Workgroup discussed the importance to public health of a diverse resident physician workforce and recognized that a diverse resident workforce can foster inclusive healthcare environments and help address disparities in patient care. Communication skills and cultural sensitivity are widely recognized as critical to patient care, with research continuing to show that patient satisfaction and/or adherence to medical advice can improve when there is better physician-patient concordance as it relates to background. FSMB policy provides information on opportunities for pathways into medical education and practice and social determinants of health, including proposed mitigation strategies and resources.[iii]

practice and recommended that initial policy guidance address the ethical and professional responsibilities of physicians choosing to employ it in the delivery of care. The content of this current report is consistent with the taskforce's recommendation.

II. Education

A physician has the duty to maintain the requisite skill and knowledge to provide safe and effective health care. As AI is continually utilized and integrated into existing healthcare infrastructures, it is imperative that physicians remain attuned to developments in AI and strive to understand the benefits and risks it poses. Underappreciation of the ability of AI to improve healthcare delivery may restrict a physician from practicing to the top of their license and may result in a physician not taking full advantage of the tools that can improve patient outcomes. At the same time, over-reliance on AI can lead to real harms in independent clinical thinking and critical decision making such as misdiagnosis, medical errors, dependence, and skill degradation.

Accordingly, medical education, at all levels, should include an emphasis on advanced data analytics and use of AI in a clinical setting. Consistent with their duties under the principles of justice, beneficence and non-maleficence, physicians should regularly engage in accredited continuing medical education programs designed to improve competence in understanding the application, benefits, and risks of AI and its implications on patient care.

III. Accountability

State medical boards do not regulate tools or technologies, only the licensed physicians that use those tools. Consistent with the prevailing standards for any tool used in the delivery of healthcare, the physician is ultimately responsible for the use of AI and should be held accountable for any harms that occur. The extent to which a physician will be held accountable by the state medical board will depend on the relationship between the AI being used and risk that the tool may either create patient harm or otherwise impact the professional obligations of the physician. As **Figure 1** illustrates, as AI tools perform functions that more closely model the practice of medicine, the risk to patients of their application generally increases. The appropriate level of regulatory scrutiny and accountability to the regulator by the licensee using the tool should increase commensurately.

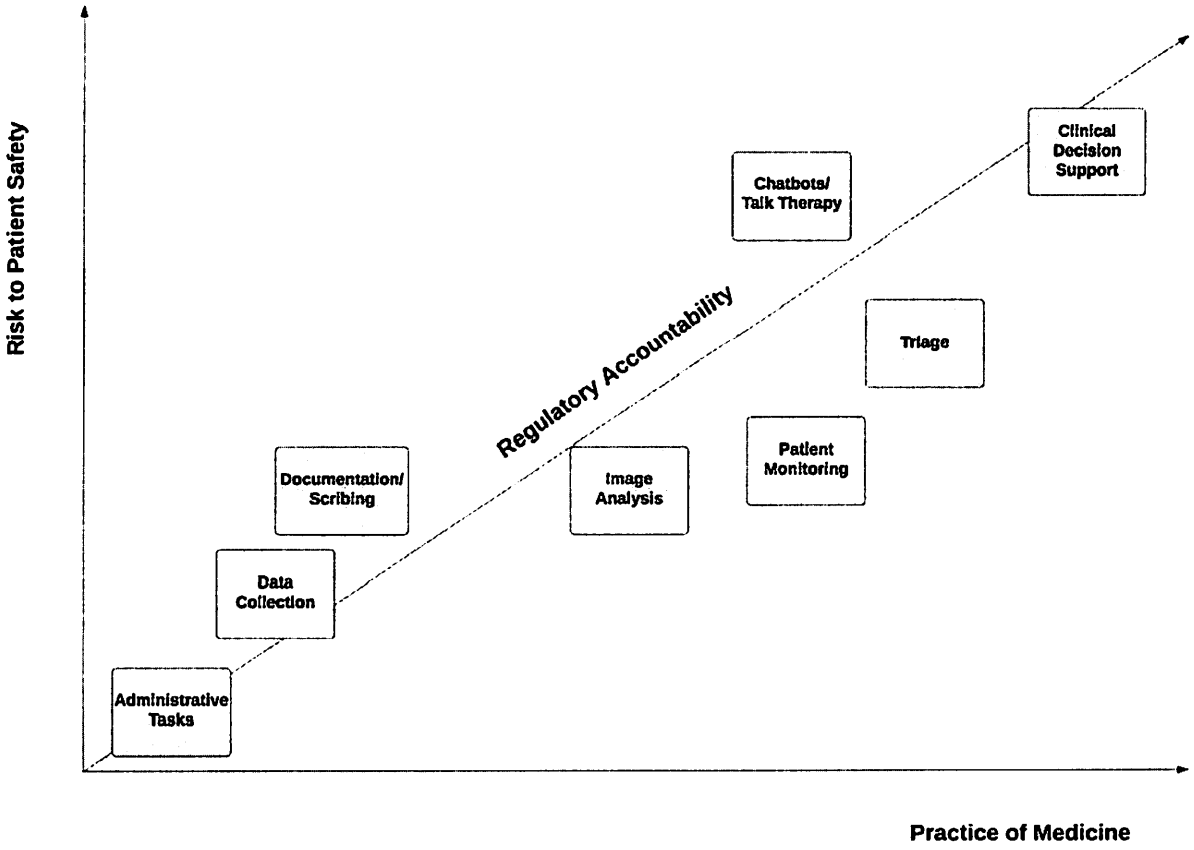


Fig. 1 - Modeling Risk v. Use

Physicians may consider AI as a decision-support tool that assists, but does not replace, clinical reasoning and discretion. Physicians should understand the AI tools they are using by being knowledgeable about their design, training data used in its development, and the outputs of the tool in order to assess reliability and identify and mitigate bias. Once a physician chooses to use AI, they accept responsibility for responding appropriately to the AI's recommendations. For example, if a physician chooses to follow the course of treatment provided by an AI-generated response, then they should be prepared to provide a rationale for why they made that decision. Simply implementing the recommendations of the AI without a corresponding rationale, no matter how positive the outcome may be, may not be within the standard of care. Alternatively, if the physician uses AI and then suggests a course of treatment that deviates from one delineated by AI, they should document the rationale behind the deviation and be prepared to defend the course of action should it lead to a less than optimal or harmful outcome for the patient. Generally, the reason a physician provides for disagreeing with an AI's recommendation should be because following that recommendation would not uphold the standard of care. As with any tool, once it produces a result, the outcomes cannot be ignored; there must be documentation and explanation as to how it was or will be utilized by the physician in the care provided. While the expanded use of AI may benefit a physician, failure to apply human judgement to any output of AI is a violation of a physician's professional duties.

The use of AI in medical practice may present challenges to the provision of a rationale for following or ignoring an AI tool's advice in situations where algorithms informing the tool's

recommendation are too complex for humans to understand. Such "black box" algorithms may still hold tremendous benefit for patients and should not be disallowed outright. While a licensee may not be able to explain in step-by-step fashion precisely how an AI tool arrived at a clinical recommendation, they should still be expected to offer a reasonable explanation for how the AI arrived at a particular output (i.e., recommendation) and why following or ignoring that output meets the standard of care.

Medical Records

Disciplinary data from state medical boards indicate that failure to maintain adequate medical records served as the basis for 6% of all disciplinary actions from 2015-2019. AI is growing in use to serve as a medical scribe and interact with electronic medical records to automate this component of medical practice. This application of AI holds great promise in reducing a recognized cause of burnout. However, physicians should be aware that the use of AI to generate medical records, without proper oversight, may lead to inaccurate documentation and subsequent patient harm for which the physician will likely be accountable.

Part of the use of AI in documenting medical care requires these tools to access and review personal health information (PHI). Physicians should be aware of what security measures are in place to ensure the PHI provided to AI systems remains secure and in compliance with existing state and federal laws, as well as the patient's preferences. Physicians retain their duty to review records created with AI to ensure that the data captured is accurate and properly managed.

IV. Informed Consent and Data Privacy

One of the primary goals of the informed consent process is to ensure patient autonomy in clinical decision making. This is accomplished both by informing patients about diagnosis and treatment planning *and* safeguarding patient privacy.

For informed consent to be valid a patient must be adequately informed about their diagnosis and treatment options, the risks and benefits involved, and reasonable alternatives. These duties under the principle of autonomy apply in all clinical encounters, including those that use AI to inform diagnosis and treatment plans. A physician must be able to independently explain components of diagnosis and treatment options in order to fulfill their professional responsibilities relating to the informed consent process. Informed Consent is not a list of AI-generated risks and benefits, but instead a meaningful dialogue and shared decision-making between the physician and patient. AI may be used to assist in this process but the ultimate responsibility rests with the physician.

Because data received during a patient encounter may be input into AI tools, physicians should receive a patient's consent prior to application of a tool to a patient's care. Physicians should disclose to patients when and how AI is used in their care and clearly communicate about the capabilities and limitations of their tools to the patient, including how they use and share any patient data obtained during a patient encounter. Physicians should also be prepared to disclose how they used AI in their diagnosis and treatment planning, discuss the continued role and responsibilities of the physician, and describe any safeguards that have been put in place to ensure reliability of the AI's output. A lack of transparency regarding the role that AI has played in the delivery of care and the inability of the physician to communicate with the patient can undermine trust and may serve to highlight the physician's lack of understanding of how the AI tool works.

V. Equity and Bias

FSMB recognizes that it and its member medical boards have an interest in assisting other regulatory agencies and responsible developers of AI to promote systemic standards that require disclosure of information about the training data set, such as race/ethnicity breakdown, and further information about potential biases and risks related to the use of the tool. Because biased training data incorporated into AI tools may ultimately impact patient care and because of the potential that generative AI could perpetuate, rather than eliminate, bias in healthcare, the FSMB should join with other interested parties to understand and resolve the issue of algorithmic bias.

As noted earlier in this document, AI systems encumbered by false or inaccurate information may carry a bias that can be detrimental to providers and harmful to patients. The principle of justice dictates that physicians have a professional responsibility to identify and eliminate biases in their provision of patient care, including those that may arise through biased AI algorithms.

AI also poses an opportunity to expand access to care for populations historically marginalized and otherwise disadvantaged. Efforts must be made to ensure that all patients have equitable access to the benefits of AI and that existing disparities are not further exacerbated.

VI. AI Governance Through Ethical Principles

Because of the rapidly evolving nature of AI, attempting to regulate its specific applications in healthcare will prove ineffective as the regulatory process will not be able to keep pace with AI's technological advancement. As such, medical boards should instead focus on governing the use of AI through established ethical principles, including respect for patient autonomy, non-maleficence, beneficence, and justice, that have served as the foundation of professional expectations and demonstrated applicability in a variety of situations, regardless of treatment modalities or technology involved.

The following principles are offered as relevant to medical boards as they regulate clinical care that incorporates AI:

1. *Transparency and Disclosure:*
    - Licensees should be required to maintain transparency about the use of AI in healthcare.
    - State medical boards should develop clear guidelines for licensees about the disclosure of AI usage to patients.
    - FSMB should develop documentation detailing the capabilities and limitations of the most commonly used AI tools to assist medical boards in their role as regulators.
    - FSMB should develop a frequently asked questions and best practices document to serve as a resource for medical boards and licensees regarding transparency and use of AI in the provision of care.

2. *Education and Understanding:*
    - FSMB and its partners in the medical education community should identify structured educational resources for physicians, medical boards, and patients about AI in healthcare. Such programs should include resources to help understand how AI works, its benefits, potential risks, and implications for patient care.
    - FSMB should collect resources, recommendations, guidelines and commentary regarding responsibility and accountability with AI and the medical regulatory process.

3. *Responsible Use and Accountability:*

- Developers should provide agency to physicians to review, interpret, and understand the models being used during the development stages in order to assist in the ability of physicians to know when and how to use the AI tool in patient care.
- Hospital systems, insurers, or others who select AI tools to support clinical decision making should provide physicians with education about AI tools, access to performance reports of the individual tools, and should design a process for regular review of the efficacy of the tools.
- AI tools should be designed in a manner which would provide state medical boards the ability to audit and understand the model, in order to appropriately assess whether a physician who relied upon a model has deviated from standard of care.
- FSMB should support state medical boards in interpretation of responsible and accountable use of AI by clinicians.

4. *Equity and Access:*
   - Efforts should be made to ensure equitable access to the benefits of AI for all patients.
   - FSMB and state medical boards are committed to the principle that care provided by licensed physicians, physician assistants and other health care professionals is equitable and not influenced by bias based on race, ethnicity or other forms of discrimination.
   - FSMB should join with other interested parties to understand and resolve the issue of algorithmic bias.

5. *Privacy and Data Security:*
   - Developers of AI tools must implement rigorous safeguards to protect patient data used in the development and evaluation of AI.
   - Licensees should generally be informed about how patient data will be used and be prepared to convey this to patients.
   - FSMB, along with industry stakeholders, should create policies for the use and dissemination of patient data by AI systems, including minimum data protection measures for patient data used in AI development or evaluation. Where possible both state and federal regulators should coordinate to ensure any policies are not duplicative.
   - FSMB should support state medical boards in developing clear patient information materials about patient rights with respect to acceptable use of their data and the role of regulators in this space, both at the state and federal levels.

6. *Oversight and Regulation:*
   - State medical boards must retain the authority to discipline physicians for the inappropriate application of AI tools in the delivery of care. This includes considering issues of accountability, particularly as AI systems become more autonomous.
   - State medical boards should examine how the "practice of medicine" is legally defined in their jurisdiction for purposes of ensuring continued regulatory oversight of those who provide healthcare, human or otherwise.
   - FSMB should explore and pilot ways in which AI can aid medical boards in decision-making, with the potential to shift from a reactive to a proactive system.
   - FSMB should work with state medical boards to help develop policies that address the use of AI systems by licensees, particularly as AI systems become more autonomous.

7. *Continual Review and Adaptation of Law and Regulations:*

- State medical boards, with the support of the FSMB, should continually review and update guidelines and regulations related to AI as it continues to evolve.
- Policy makers should consider the impact of AI on fundamental legal principles such as the definition of practice of medicine and the impact of AI on the corporate practice of medicine.
- FSMB should establish a dedicated team for the ongoing review and adaptation of AI guidelines and regulations.

VII. Conclusion

The incorporation of AI in medical practice presents tremendous benefits to patients and physicians alike. It also presents significant risk of harm to patients and physicians if it is developed and used irresponsibly. A sensible approach to the regulation of AI by state medical boards and its incorporation into practice by licensees holds greater promise of realizing AI's benefits while minimizing potential harms. Adherence to traditional professional expectations for the provision of medical care will help achieve the patient safety goals of physicians and state medical boards.

EXHIBIT
H

STATE *of* ALABAMA
MEDICAL LICENSURE COMMISSION

MEMORANDUM

To: Medical Licensure Commission

From: Rebecca Robbins

Date: 02/21/2024

Subject: Ala. Admin. Code 545-X-4-6

Ala. Admin. Code 545-X-4-6 addresses unprofessional conduct for physicians relating to the practice of medicine. Specifically, section (12) states, "prescribing or dispensing a controlled substance to oneself or to one's spouse, child, or parent, unless such prescribing or dispensing is necessitated by emergency or other exceptional circumstances."

General Counsel will consult the Commission on possible amendments to this rule.

MEDICAL LICENSURE COMMISSION OF ALABAMA
ADMINISTRATIVE CODE

CHAPTER 545-X-4
MISCELLANEOUS

545-X-4-.06 Unprofessional Conduct.

Unprofessional conduct shall mean the Commission or omission of any act that is detrimental or harmful to the patient of the physician or detrimental or harmful to the health, safety, and welfare of the public, and which violates the high standards of honesty, diligence, prudence and ethical integrity demanded from physicians and osteopaths licensed to practice in the State of Alabama. Furthermore, without limiting the definition of unprofessional conduct in any manner, the Commission sets out the below as examples of unprofessional conduct:

(1) The refusal by a physician to comply, within a reasonable time, with a request from another physician for medical records or medical information when such request is accompanied by a properly executed authorization of the patient.

(2) Intentionally, knowingly or willfully causing or permitting a false or misleading representation of a material fact to be entered on any medical record of a patient.

(3) Intentionally, knowingly or willfully preparing, executing or permitting the preparation by another of a false or misleading report or statement concerning the medical condition or extent of disability of a patient.

(4) The prescribing, dispensing, administering, supplying or otherwise distributing of any Schedule II amphetamine and/or Schedule II amphetamine-like anorectic drug in violation of Code of Ala. 1975, §20-2-54, as amended in Action No. 83-890, Special Session, 1983.

(5) The failure to report to the Alabama State Board of Medical Examiners any final judgment rendered against such physician during the preceding year or any settlement in or out of court during the preceding year, resulting from a claim or action for damages for personal injuries caused by an error, omission or negligence in the performance of his professional services without consent as required by Code of Ala. 1975, §34-24-56.

(6) The refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission or by the

Board of Medical Examiners issued pursuant to Code of Ala. 1975, Section 34-24-360(19) or (20) or pursuant to Code of Ala 1975, Section 34-24-361(h).

(7) Intentionally or knowingly making a false, deceptive or misleading statement in any advertisement or commercial solicitation for professional services and/or intentionally or knowingly making a false, deceptive or misleading statement about another physician or group of physicians in any advertisement or commercial solicitation for professional services.

(8) Failure or refusal of a J-1 physician to comply with waiver service requirements stated in the J-1 Visa Waiver Affidavit and Agreement signed by a J-1 physician.

(9) Conduct which is immoral and which is willful, shameful, and which shows a moral indifference to the standards and opinions of the community.

(10) Conduct which is dishonorable and which shows a disposition to lie, cheat, or defraud.

(11) Failing or refusing to maintain adequate records on a patient or patients.

(12) Prescribing or dispensing a controlled substance to oneself or to one's spouse, child, or parent, unless such prescribing or dispensing is necessitated by emergency or other exceptional circumstances.

(13) Signing a blank, undated or predated prescription form.

(14) Representing that a manifestly incurable disease or infirmity can be permanently cured, or that any disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if such is not the fact.

(15) Refusing to divulge to the board or commission upon demand the means, method, procedure, modality of treatment, or medicine used in the treatment of a disease, injury, ailment or infirmity.

(16) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of medicine or osteopathy or in applying for privileges or renewing an application for privileges at a health care institution.

(17) Sexual misconduct in the practice of medicine as defined in Rule 545-X-4-.07.

(18) Representing or holding oneself out as a medical specialist when such is not the case.

(19) Failing to furnish information in a timely manner to the board or Commission if requested by the board or Commission.

(20) Failing to report to the board in a timely manner information required to be reported by Code of Ala. 1975, Section 34-24-361(b).

(21) Giving false testimony in any judicial or administrative proceeding.

(22) The violation of any rule promulgated by the Alabama Board of Medical Examiners or the Medical Licensure Commission pursuant to their rule making authority as set forth in the Alabama Administrative Procedures Act.

Author: Wayne P. Turner, Wallace D. Mills
Statutory Authority: Code of Ala. 1975, §34-24-360(2).
History: Filed February 3, 1984. **Amended:** Filed June 4, 1985. **Amended:** Filed July 11, 2000; effective August 15, 2000. **Amended:** Filed March 4, 2003; effective April 8, 2003. **Amended:** Filed June 24, 2005; effective July 27, 2005. **Amended:** Filed December 10, 2018; effective January 24, 2019.

EXHIBIT
I

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
WILLIAM M. PERKINS, EXECUTIVE DIRECTOR

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 242-4116
E MAIL: bme@albme.gov

MEMORANDUM

To: Medical Licensure Commission

From: Amy Dorminey

Date: February 22, 2024

Re: Administrative Rules Approved for Publication

The Board of Medical Examiners, at its meeting February 22, 2024, approved the following rules to be published for public comment in the *Alabama Administratively Monthly*:

- Administrative Rules, Chapter 540-X-27, *Bridge Year Graduate Physicians*

These rules were proposed by the Bridge Year Standing Work Group for the implementation of issuing permits to Bridge Year Graduate Physicians.

With an expected publication date of March 29, 2024, the public comment period ends May 3, 2024. The anticipated effective date is July 15, 2024.

Attachments:

Summary of Chapter 540-X-27, *Bridge Year Graduate Physicians*
Administrative Rules, Chapter 540-X-27, *Bridge Year Graduate Physicians*

SUMMARY OF CHAPTER 540-X-27

Qualifications for BYGP:

- Graduation from accredited medical school
- Passing score on Steps 1 & 2 of USMLE or COMLEX
- Application, but not acceptance, to an accredited postgraduate or residency program for the first year following medical school graduation
    a. Waiver available at the Board's discretion for those no more than 2 years post medical school graduation

Qualifications for supervising physician:

- Unrestricted license
- Meets standard experience requirements for supervision

Application process:

- Complete application, including background check and standard questions
- Pay fee of $200

Renewal of permit:

- Permits are valid for one year
- May be renewed for one additional year for $100
- A report from the supervising physician must be submitted to approve a renewal application

Denial & discipline of permit holder:

- Allowed for any reason provided by law or Board rule the termination of licenses, permits, registrations, or certificates issued by the Board or MLC, including any violation of Chapter 27.

Scope of practice:

- Supervising physician may delegate according to a model job description and standard protocol
- BYGPs may not provide any pain management services
- Legend drug prescribing only

Supervision requirements:

- Direct on-site supervision required
- Covering physicians allowed
- No more than 2 BYGPs per supervising physician
- BYGPs cannot be supervised by more than 1 physician, excluding coverings
- If the supervisory relationship is terminated prior to year's end, a replacement physician may be approved

Requirements for supervising physician's report:

- Required for initial permit year and renewal year

- The scope and breadth of the practice of the participating bridge year graduate physician
- The instruction and training provided to the bridge year graduate physician by the supervising and any covering physician, if applicable
- A statement as to whether the bridge year graduate physician would be recommended for a residency position upon reapplication
- Must be completed by current supervising physician

IMPLEMENTATION OF RULES

If the Board wishes to approve the rules as presented, the rules will be published according to one of two timelines:

1. Publish according to the Alabama Legislative Services Agency (LSA)'s regular publication schedule.
    a. March 20 – Submission date
    b. March 29 – Publication date
    c. May 16 – Approve for final publication
    d. May 31 – Final publication date
    e. August 5 – Rules effective
    f. August 15 – first applications on Board's agenda for approval (if completed applications can be processed within that time frame)
    *Note: We are currently waiting on approval from the FBI to run the background checks required to process permit applications.
2. Publish as emergency rules if the Board deems the rule is necessary due to an immediate danger to the public health, safety, or welfare, or if federal law or regulation requires immediate adoption.
    a. If approved, rules are effective immediately upon date of publication and remain valid for 120 days.
    b. First applications would be expected to appear on the Board's May agenda (if received)

Other items required for implementation of the BYGP rules will also include creation and approval of the following, as well as integrating the fee and permit process into the Board's online system:

- BYGP permit application with coordinating supervising physician section and/or certification forms
- Model job description/list of approved skills
- Legend drug formulary
- Replacement supervising physician application
- 60 day temporary supervising physician application
- Covering physician application
- Termination form

Additional items of concern, such as recruitment of supervising physicians, payment, insurance and billing, and BYGP placement and scheduling, will be researched and addressed

under direction from the Medical Association of Alabama (MASA) as these are issues that are not within the jurisdiction of the BYGP work group or the Board.

RECOMMENDATION: Approve rules for publication if no revisions are necessary. The work group and BME staff recommends publishing according to LSA's regular publication schedule.

Attachments
Draft of Chapter 540-X-27 – Bridge Year Graduate Physicians
Ala. Code 34-24-75.2

P6OLEE-2

By Senator Weaver

RFD: Healthcare

First Read: 04-Apr-23

2023 Regular Session

of the United States, a person who is lawfully present in the United States with appropriate documentation from the federal government."

Section 3. Section 34-24-75.2 is added to the Code of Alabama 1975, to read as follows:

§34-24-75.2

(a) The board may develop, implement, and maintain a permit that allows an individual who meets certain criteria and qualifications, as further provided in subsection (c), to practice medicine as a bridge year graduate physician. A permitted bridge year graduate physician shall practice only under the supervision of a licensed physician approved by the board.

(b)(1) The board shall convene a standing working group to consult and assist in the drafting of rules related to the practice of bridge year graduate physicians, consisting of the following:

a. Two members appointed by the Medical Association of the State of Alabama.

b. One member appointed by the Alabama Academy of Family Physicians.

c. One member appointed by the Alabama Chapter of the American Academy of Pediatrics.

d. One member appointed by the Alabama Chapter of the American College of Physicians.

e. One member appointed by the Alabama Primary Health Care Association.

f. One member appointed by the Board of Medical

Examiners.

g. The director of a residency program appointed by the Dean of The University of Alabama at Birmingham School of Medicine.

h. The director of a residency program appointed by the Dean of the University of South Alabama College of Medicine.

i. The Director of the Cahaba Medicine Family Residency Program.

(2) Members of the standing working group shall receive, out of the funds of the board, reimbursement for subsistence and travel in accordance with state law for each day actively engaged in official business of the standing working group.

(3) The standing working group may conduct its business in person or by electronic means.

(c) The board shall provide by rule for the criteria for participation in the bridge year graduate physician program which, at a minimum, shall require the individual seeking a permit to meet the following qualifications:

(1) Is a graduate of a medical educational institution as set forth in Section 34-24-70(a)(1).

(2) Has applied, but was not accepted into, a postgraduate or residency training program, as set forth in Section 34-24-70(a)(2), for the first year following medical school graduation. The board may establish a process for otherwise qualified applicants to petition the board to waive this requirement.

(3) Has submitted to the board an application on a form

approved by the board.

(4) Has paid to the board in advance the required application fee in an amount established by board rule. This fee is nonrefundable once payment is received by the board.

(d) In addition to the qualifications described in subsection (c), and for the purposes of determining an applicant's suitability to obtain a permit to practice as a bridge year graduate physician in this state, each applicant shall submit to a criminal history background check. Each applicant shall submit a complete set of fingerprints, either inked cards or electronically, properly executed by a law enforcement agency or an individual properly trained in fingerprinting techniques to the board. The board shall submit the fingerprints provided to the State Bureau of Investigation (SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation (FBI) for a national criminal history record check. The applicant shall pay directly to the board, or its designee, all costs associated with the background checks required by this section. The board shall keep information received pursuant to this subsection confidential, except that such information received and relied upon in denying the issuance of a permit to practice as a bridge year graduate physician in this state may be disclosed as may be necessary to support the denial.

(e) Upon the filing of an application in the proper form, if the board is satisfied that all requirements of the law have been met and that the application should be approved in the interest of public welfare, the board shall issue to

the applicant a permit to practice as a bridge year graduate physician. The permit shall be of a size and design to be determined by the board. Every permit issued by the board shall be dated, shall be numbered in the order of issuance, and shall be signed by the chair of the board or the chair's designee.

(f) A permit issued pursuant to this section shall be valid for one year and may be renewed, upon application and payment of a renewal fee, as determined by the board, by rule, for no more than one additional one-year period.

(g) The board may adopt rules further setting forth the qualifications of a physician eligible to supervise a bridge year graduate physician and for the level of supervisory oversight required, which, at a minimum, shall include on-site physician supervision.

(h)(1) An individual holding a permit to practice as a bridge year graduate physician may prescribe, dispense, or administer legend drugs to patients, subject to both of the following conditions:

a. The drug shall be on the formulary approved under the guidelines of the board.

b. The drug is administered or issued pursuant to a job description approved by the board and signed by the bridge year graduate physician's supervising physician.

(2) Permitted bridge year graduate physicians may administer any legend drug which they are authorized to prescribe under this subsection. A bridge year graduate physician may not initiate a call-in prescription in the name

of his or her supervising physician for any drug, whether legend drug or controlled substance, which the bridge year graduate physician is not authorized to prescribe under the job description signed by his or her supervising physician and approved under this subsection, unless the drug is specifically ordered for the patient by the supervising physician, either in writing or by a verbal order which has been reduced to writing and which has been signed by the supervising physician within a time specified in the guidelines of the board.

(i) The board may deny, suspend, terminate, or revoke a bridge year graduate physician permit for any reason provided by law or board rule for the termination of licenses, permits, registrations, or certificates issued by the board or the Medical Licensure Commission, including, but not limited to, a violation of any provision of this section or the rules adopted by the board pursuant to this section.

(j) At the end of the bridge year, the physician supervising a bridge year graduate physician, in a manner prescribed by the board, shall submit a report to the board indicating the scope and breadth of the practice of the participating bridge year graduate physician and the instruction and training given to the bridge year graduate physician. The training physician's report shall contain a statement as to whether or not the bridge year graduate physician would be recommended for a residency position upon reapplication.

(k) A permit issued in accordance with this section

shall not confer any future right to licensure to practice medicine in this state.

(l) The board may adopt rules regulating the permitting and practice of bridge year graduate physicians in this state, even if the rules displace competition.

Section 4. This act shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law.

ALABAMA BOARD OF MEDICAL EXAMINERS
ADMINISTRATIVE CODE

CHAPTER 540-X-27
BRIDGE YEAR GRADUATE PHYSICIANS

TABLE OF CONTENTS

.01 **Definitions.** The following definitions shall apply to these rules:

BOARD. The Board of Medical Examiners of the State of Alabama.

BRIDGE YEAR GRADUATE PHYSICIAN. A person who meets the requirements for issuance of a Bridge Year Graduate Physician permit by the Board to practice medicine under the supervision of a physician approved by the Board.

DIRECT MEDICAL INTERVENTION. Physical presence of a physician to attend the patient.

FCVS. Federation Credentials Verification Service. A credentials verification service provided by the Federation of State Medical Boards that bridge year graduate physicians may use to verify core medical credentials in connection with applications for permits. The Board of Medical Examiners will accept those verified primary source records of credentials provided by FCVS in lieu of equivalent documentation required to be submitted with an application for a permit where designated in these rules. Applicants are responsible for payment of all fees charged by FCVS. Use of FCVS by an applicant is optional.

LEGEND DRUG. Any drug, medicine, chemical or poison, bearing on the label the words, "Caution, Federal Law prohibits dispensing without prescription" or similar words indicating that the drug, medicine, chemical or poison may be sold or dispensed only upon the prescription of a licensed medical practitioner, except that the term legend drug shall not include any drug, substance or compound which is listed in Schedules I through V of the Alabama Uniform Controlled Substances Act and the State of Alabama Official Controlled Substances List adopted by the Alabama State Board of Health.

LICENSED TO PRACTICE MEDICINE. Both the practice of medicine by a doctor of medicine or the practice of osteopathy by a doctor of osteopathy.

DOCTOR. Referring to doctors of medicine and doctors of osteopathy.

PHYSICIAN. A person who is fully licensed to practice medicine in this state and is approved by the Board to supervise bridge year graduate physicians.

PHYSICIAN SUPERVISION. A formal relationship between a bridge year graduate physician and a licensed physician under which the bridge year graduate physician is authorized to practice as evidenced by a written job description approved by the Board. Physician supervision requires that there shall be at all times a direct, continuing and close supervisory relationship between the bridge year graduate physician and the physician by whom that bridge year graduate physician is supervised. The term supervision, at a minimum, shall include on-site supervision.

PRESCRIBE OR PRESCRIBING. The act of issuing a prescription for a legend drug.

PRESCRIPTION. An order for a legend drug which is issued and signed by a bridge year graduate physician authorized to prescribe and administer the drug and which is intended to be filled, compounded, or dispensed by a pharmacist. The term "prescription" does not include an order for medication which is dispensed for immediate administration to the ultimate user. (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription.)

PRINCIPAL PRACTICE SITE. The main location at which the supervising physician is engaged in the practice of medicine.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.02 Qualifications for a Bridge Year Graduate Physician Permit

To qualify for a permit to practice as a bridge year graduate physician, an individual must meet the following requirements:

(1) Medical Education Requirement: Provide evidence, satisfactory to the Board, of graduation from any of the following institutions:

(a) A college of medicine or school of medicine accredited by the Liaison Committee on Medical Education.

(b) A college of osteopathy accredited by the Commission on Osteopathic College Accreditation.

(c) A college of medicine or school of medicine not accredited by the Liaison Committee on Medical Education which is approved by the Board. The Board, within its discretion, may withhold approval of any college of medicine not designated in either (a) or (b) which:

(i) Has had its accreditation withdrawn by a national or regional accreditation organization; or
(ii) Has had its authorization, certification, or licensure revoked or withdrawn by a national or regional governmental supervisory agency; or
(iii) Has been denied approval or has had its approval withdrawn by any national, state, or territorial licensing jurisdiction based upon any evaluation of the college of medicine or upon a finding of misconduct by the college; or

(iv) Has engaged in fraudulent, criminal, or other practices which are inconsistent with quality medical education, as determined by the Board.

(2) Examination Requirement: Applicants shall achieve a passing score on one of the licensure examinations listed below:

(a) Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

(b) The Comprehensive Osteopathic Medical Licensing Examination (COMLEX) or its predecessor examination administered by the National Board of Osteopathic Medical Examiners.

(c) The Licentiate of the Medical Council of Canada Examination.

(d) Documentation submitted through the Federation Credentials Verification Service (FCVS) may be accepted to demonstrate compliance with the requirements of this rule.

(3) Application for Postgraduate Education Requirement: Has applied for, but was not accepted into, any of the following postgraduate or residency training programs for the first year following medical school graduation:

(i) A program accredited by the Accreditation Council for Graduate Medical Education.
(ii) A program accredited by the American Osteopathic Association.
(iii) A program accredited by the Accreditation Committee of the Royal College of Physicians and Surgeons of Canada.
(iv) A program accredited by the College of Family Physicians of Canada.

(4) Waiver of Postgraduate Education Application Requirement: The Board, in its discretion, may waive the one-year requirement listed in Paragraph (3) above to those applicants who are otherwise eligible, meet all other requirements for issuance of a permit, and are no more than two (2) years post medical school graduation. The waiver request must be submitted with the application.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.03 **Qualifications of the Supervising Physician**

The physician to whom a bridge year graduate physician is registered shall:

(1) Possess a current, unrestricted license to practice medicine in the State of Alabama;

(2) On the date of the application:

(a) Have satisfied one of the following experience requirements:

1. Practiced medicine for at least three years, excluding any practice in an internship, residency, fellowship, or other supervised training program; or

2. Practiced medicine for at least one year and is certified by one or more of the specialty boards recognized by the American Board of Medical Specialties or the American Osteopathic Association; or

3. Practiced medicine for at least one year and the bridge year graduate physician's practice site(s) is limited solely to a general acute care hospital, a critical access hospital, or a specialized hospital licensed as such by the Alabama Department of Public Health.

(4) The Board, in its discretion, may waive the practice requirements in (2)(a).

(5) The Board of Medical Examiners may decline to consider an application where the physician is under investigation for a potential violation of the Code of Alabama, Section 34-24-360 or any rule of the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.04 **Application for a Bridge Year Graduate Physician Permit**

To apply for a permit to practice as a bridge year graduate physician, an individual must complete the following:

(1) Submit an application on form(s) approved by the Board; and

(2) Pay to the Board in advance the required application fee of $200.00. This fee is nonrefundable once payment is received by the Board.

(3) For the purposes of determining an applicant's suitability to obtain a permit to practice as a bridge year graduate physician, each applicant shall submit to a criminal history background check.

a. Each applicant shall submit a complete set of fingerprints, either inked cards or electronically, properly executed by a law enforcement agency or an individual properly trained in fingerprinting techniques to the Board.

b. The Board shall submit the fingerprints provided to the State Bureau of Investigation (SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation (FBI) for a national criminal history record check.

c. The applicant shall pay directly to the Board, or its designee, a criminal background check fee of sixty-five dollars ($65.00).

d. The Board shall keep information received pursuant to this subsection confidential, except that such information received and relied upon in denying the issuance of a permit to practice as a bridge year graduate physician in this state may be disclosed as may be necessary to support the denial.

(4) An applicant for a bridge year graduate physician permit shall disclose whether:

a. Applicant has ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws.

NOTE: This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

b. Applicant has ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason.

c. A judgment has ever been rendered against the applicant or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of the applicant's professional service ("malpractice").

d. As of the date of the application, applicant is the subject of an investigation or proposed action by any law enforcement agency.

e. Applicant has ever had any Drug Enforcement Administration registration and/or state-controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine.

f. Applicant's medical education, training, or medical practice been interrupted or suspended, or applicant ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child.

g. Applicant was ever placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program.

h. Applicant had limitations or special requirements imposed because of questions of academic, clinical, or disciplinary problems, or any other reason during his or her medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination.

i. Applicant has ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program

j. Applicant has ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority.

k. Applicant has ever been denied a permit to practice as a bridge year graduate physician, or the equivalent of, in any state or jurisdiction or has had an application for a permit to practice as a bridge year graduate physician, or the equivalent of, withdrawn under threat of denial.

l. Applicant's certification or permit to practice as a bridge year graduate physician, or the equivalent of, in any state or jurisdiction has ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine.

m. Applicant's privileges at any hospital or health care facility have ever been revoked, suspended, curtailed, limited, or placed under conditions restricting applicant's practice, if applicable.

n. As of the date of the application, applicant is the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility.

o. Applicant has ever been diagnosed as having or has ever been treated for pedophilia, exhibitionism, or voyeurism.

p. Applicant, within the past five years, has raised the issue of consumption of drugs or alcohol or the issue of a mental,

emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for applicant's actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority.

q. Applicant, within the past five years, has been convicted of driving under the influence (DUI), or has been charged with DUI and been convicted of a lesser offense such as reckless driving.

r. Applicant is currently engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues.

(1) If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.

(2) The term "currently" as it is used in paragraph (14) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a bridge year graduate physician within the last two years.

(3) Applicant shall initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows:

IMPORTANT: The Board recognizes that applicants encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its applicants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the applicant is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the permit.

(5) The application form for a bridge year graduate physician permit will request the following of the bridge year graduate physician:

a. Name, home address, email address, place and date of birth, social security number, gender, telephone number(s), education and training experience, specialty, if applicable, examination history, a color photograph taken within sixty days prior to the date of the application, medical school certification, and any additional information the Board deems relevant to the application process.

(6) The application form for a bridge year graduate physician permit and/or a corresponding form for a supervising physician will request the following of the supervising physician:

a. Name, Alabama medical license number, medical specialty, board certification, residency completion date, name of program and completion date of any fellowship, or other supervised training program, principal practice location, telephone number, name and address of the bridge year graduate physician's practice location(s), the number of hours the bridge year graduate physician will practice per week, job description and approved formulary of the bridge year graduate physician, covering physician agreements, if applicable, a certification of the understanding of the responsibilities of a supervising physician, and any additional information the Board deems relevant to the application process.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.05 **Issuance of a Bridge Year Graduate Physician Permit**

(1) Upon the filing of an application in the proper form, if the Board is satisfied that all requirements of the law and these rules have been met and that the application should be approved in the interest of public welfare, the Board shall issue a permit to practice as a bridge year graduate physician.

(2) Every permit issued by the board shall be dated, shall be numbered in the order of issuance, and shall be signed by the chair of the Board or the chair's designee.

(3) The size and design of the permit shall be determined by the Board.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.06 **Permit Renewal**

(1) A permit to practice as a bridge year graduate physician shall be valid for one (1) year and may be renewed for no more than one (1) additional one (1) year period.

(2) An application for renewal shall be received by the Board before the expiration date of the permit and shall be accompanied by a renewal fee in the amount of $100.00.

(3) The application for renewal shall be accompanied by the supervising physician's report as required by Rule 540-X-27-.18 and the supervising physician's certification to the Board of Medical Examiners that any approved covering physician continues to agree to serve in that capacity.

Author: Alabama State Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.07 **Voluntary Termination of Supervisory Relationship**

(1) A bridge year graduate physician or supervising physician may terminate the supervisory relationship between the parties at any time, for any reason.

(2) The bridge year graduate physician or the supervising physician shall inform the Board in writing of the effective date of the termination and the reasons for such termination. Failure to notify the Board of termination may be considered by the Board as a violation of these rules and regulations for the purpose of approving a new supervising physician or renewal permit.

(3) If, at the time of termination, the bridge year graduate physician has any time left remaining in the initial or renewal permit year, a new supervising physician may be submitted for the Board's approval to supervise the bridge year graduate physician for the remainder of the permit.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.08 Grounds for Denial of a Permit

The commission by a bridge year graduate physician of any act, offense or condition set forth in Rule 540-X-27-.11 shall be grounds, within the discretion of the Board, to deny an application for a permit to practice as a bridge year graduate physician.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.09 Denial of Permit – Hearing

(1) If, after examination of the application for a permit to practice as a bridge year graduate physician and after consideration of any information developed by the Board pursuant to an investigation into the qualifications of the bridge year graduate physician's permit to practice, the Board determines that there is probable cause to believe there exist grounds upon which the application for a permit to practice may be denied, the Board shall take the following actions:

(a) Defer final decision on the application for a permit to practice; and

(b) Notify the bridge year applicant of the grounds for possible denial of the application for a permit to practice and the procedure for obtaining a hearing before the Board.

(2) The failure to request a hearing within the time specified in the notice shall be deemed a waiver of such hearing.

(3) If requested by the bridge year graduate physician, a hearing shall be set before the Board of Medical Examiners on the application for a permit to practice.

(4) In the event that a hearing is not requested, the Board shall take action to approve or deny the application.

(5) All hearings under this rule shall be conducted in accordance with the Alabama Administrative Procedure Act, §§41-22-1 et seq., Code of Ala. 1975 and Chapter 6 of the Rules and Regulations of the Board of Medical Examiners. A decision rendered by the Board at the conclusion of the hearing shall constitute final administrative action of the Board of Medical Examiners for the purposes of judicial review under §§41-22-20. The bridge year graduate physician applicant shall have the burden of demonstrating to the reasonable satisfaction of the Board that he or she

meets all qualifications and requirements for a permit to practice as a bridge year graduate physician.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.10 Discipline of Permit – Hearing

Before revoking, suspending, restricting, placing on probation, assessing administrative fines against, or otherwise disciplining the bridge year graduate physician on any of the grounds specified in Rule 540-X-27-.11, the Board shall conduct a hearing pursuant to the provisions of the Alabama Administrative Procedure Act, §§41-22-1 et seq. Code of Ala. 1975, and Chapter 6 of the Rules of the Board.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.11 Discipline of Permit – Grounds

After notice and hearing, the Board, within its discretion, shall deny, suspend, terminate, or revoke a bridge year graduate physician's permit to practice who is found guilty on the basis of substantial evidence of any of the following acts or offenses:

(1) Conviction of a felony;

(2) Conviction of any crime or other offense, felony or misdemeanor, reflecting on the ability of the individual to render patient care in a safe manner;

(3) Conviction of any violation of state or federal laws relating to controlled substances;

(4) Termination, restriction, suspension, revocation, or curtailment of licensure, registration or certification by another state or other licensing jurisdiction on grounds similar to those stated in these rules;

(5) The denial of a registration, a certification, or a license to practice by another state or other licensing jurisdiction;

(6) Being unable to render patient care with reasonable skill and safety by reason of illness, inebriation, addiction to or excessive use of alcohol, narcotics, chemicals, drugs or any other substance or by reason of a mental or physical condition or disability;

(7) Revocation, termination, suspension or restriction of hospital privileges;

(8) Knowingly submitting or causing to be submitted any false, fraudulent, deceptive, or misleading information to the Board of Medical Examiners in connection with an application for a permit to practice as a bridge year graduate physician;

(9) The supervising physician's license to practice medicine has been revoked, suspended, restricted, or disciplined in any manner;

(10) Refusal by the bridge year graduate physician or supervising physician to appear before the Board after having been formally requested to do so in writing by the Executive Director of the Board;

(11) That the bridge year graduate physician has represented himself or herself or permitted another to represent him or her as a fully licensed physician;

(12) The supervising physician of the bridge year graduate physician has permitted or required the bridge year graduate physician to perform or to attempt to perform tasks which are beyond the bridge year graduate physician's competence or which are not authorized in the job description approved by the Board;

(13) That the bridge year graduate physician has performed or attempted to perform tasks and functions beyond his or her competence or authorized in the approved job description;

(14) Practicing or permitting another to practice as a bridge year graduate physician without the required permit to practice from the Board of Medical Examiners;

(15) Prescribing in violation of statutory authority and/or Board rules and/or Board guidelines;

(16) The signing by a bridge year graduate physician of any form which is to be authenticated by the supervising physician's signature if the supervising physician has not authorized signing by the bridge year graduate physician or if signing by the bridge year graduate physician is prohibited by Federal or state statutes or regulations or if signing by the bridge year graduate physician is prohibited by the agency governing the form;

(17) Failure of a supervising physician to comply with any statute or rule governing supervised practice;

(18) The commission or any act by the bridge year graduate physician which would constitute a violation of Ala. Code § 34-24-360 or any rule of the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama, including this Chapter; and

(19) Failure of a supervising physician to maintain or produce for inspection upon request by the Board any documentation required to be maintained by the supervising physician.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2
History:

.12 Administrative Fines

In addition to any other penalty authorized by Code of Ala. 1975, §34-24-75.2, the Board may in its discretion assess administrative fines not to exceed ten thousand dollars ($10,000.00) for each violation of the provisions of §34-24-75.2 and this chapter.

Author: Alabama State Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.13 Functions and Activities of Bridge Year Graduate Physicians

(1) There shall be at all times a direct continuing and close supervisory relationship between the bridge year graduate physician and the supervising physician. The supervising physician shall at all times be responsible for the activities of the bridge year graduate physician.

(2) The bridge year graduate physician shall provide medical services within the education, training, and experience of the bridge year graduate physician that are delegated by the supervising physician. These services include, but are not limited to:

(a) Obtaining patient histories and performing physical examinations;

(b) Ordering and/or performing diagnostic and therapeutic procedures;

(c) Formulating a working diagnosis;

(d) Developing and implementing a treatment plan;

(e) Monitoring the effectiveness of therapeutic interventions;

(f) Assisting at surgery;

(g) Offering counseling and education to meet patient needs; and

(h) Making appropriate referrals;

(i) Administering any legend drug which they are authorized to prescribe under this Chapter.

(3) The job description approved by the Board as a model job description shall be acceptable to the Board if submitted by a qualified applicant for a bridge year graduate physician permit in compliance with these Rules.

(4) A bridge year graduate physician may write admission orders for inpatients and nursing home patients as directed by the supervising physician and subsequent orders in accordance with established guidelines and institutional policies.

(5) A bridge year graduate physician may not provide any pain management services, practice within any physician practice which advertises or holds itself out to the public as a provider of pain management services as defined in Rule 540-X-19-.02, or practice under the supervision of a physician who solely provides pain management services.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.14 **Requirements for Supervised Practice**

(1) Physician supervision requires, at all times, a direct, continuing and close supervisory relationship between a bridge year graduate physician and the supervising physician.

(2) There shall be no independent, unsupervised practice by bridge year graduate physicians.

(3) The supervising physician shall, at a minimum, provide on-site supervision.

(4) Supervision does not necessarily require the constant physical presence of the supervising physician or a physician who is acting in a Board-approved supervisory role to the bridge year graduate physician; however, the physician must remain readily available in the facility to provide direct medical intervention.

(5) The supervising physician shall be available for consultation or referrals of patients from the bridge year graduate physician.

(6) In the event the supervising physician is not readily available, provisions must be made for professional medical oversight and direction by a covering physician who is readily available in the facility to provide direct medical intervention, who is preapproved by the Board of Medical Examiners, and who is familiar with these rules.

(7) In the event of an unanticipated, permanent absence of a supervising physician, a previously approved covering physician may be designated as a temporary supervising physician for a period of up to sixty (60) days. During the sixty (60) day time period, a new supervising physician should be submitted for approval.

(8) The supervising physician and the bridge year graduate physician shall adhere to any written guidelines established by the Board to govern the prescription practices of bridge year graduate physicians.

(9) Irrespective of the location of the principal practice site and any other approved site(s) of the supervised practice, all services provided to patients and actions incident to services provided to patients of the supervised practice shall be deemed to have occurred in the state where the patient is located at the time of service or action incident to the service. The supervising physician, covering physician, and bridge year graduate physician shall comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the supervised practice. Actions incident to services include, but are not limited to, professional medical oversight and direction to the bridge year graduate physician regarding Alabama patients, consultation, or referral of Alabama patients from the bridge year graduate physician, quality assurance review of the medical records of Alabama patients, and maintenance of documentation pursuant to this chapter. The supervising physician shall maintain all documentation required pursuant to this chapter for the duration of the supervised practice and for three years following the termination of any supervisory relationship with a bridge year graduate physician.

(10) The supervising physician or a physician delegated by the supervising physician must be present in the operating room or be immediately available to that operating room whenever a bridge year graduate physician is involved in the care of a patient in the operating room. Whenever a bridge year graduate physician performs or assists in performing invasive procedures with involvement

deeper than the complete dermis, the supervising physician or the delegate must be present in the operating room, unless otherwise specifically approved by the Board. The supervising physician must ensure the delegated physician is aware of his or her responsibility prior to the bridge year graduate physician's involvement in the care of a patient in the operating room.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.15 Limitations Upon Utilization of Bridge Year Graduate Physicians

(1) A supervising physician may supervise no more than two (2) bridge year graduate physicians at any given time.

(2) A bridge year graduate physician cannot be supervised by more than one (1) Board-approved supervising physician, not including any covering physicians, at any given time.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.16 Prescriptions and Medication Orders

(1) A bridge year graduate physician may prescribe a legend drug to a patient subject to both of the following conditions being met:

(a) The drug type, dosage, quantity prescribed, and number of refills are authorized in the job description which is signed by the supervising physician by whom the bridge year graduate physician is currently being supervised based upon approval by the board.

(b) The drug is included in the formulary approved by the Board for governing the prescription practices of bridge year graduate physicians.

(2) The supervising physician and the bridge year graduate physician shall adhere to and follow all requirements and procedures stated in written guidelines established by the Board to govern the prescribing practices of bridge year graduate physicians.

(3) A bridge year graduate physician who is issued a permit to practice with prescriptive privileges shall not engage in prescribing for:

(a) Self.

(b) Immediate family members.

(c) Any of his or her supervising or covering physician(s).

(4) A bridge year graduate physician may not initiate a call-in prescription in the name of the supervising physician for any drug, whether legend or controlled substance, which the bridge year graduate physician is not authorized to prescribe under the job description signed by his or her supervising physician and approved under this Chapter, unless the drug is specifically ordered for the patient by the supervising physician, either in writing or by a verbal order which has been reduced to writing and signed by the supervising physician within seven (7) working days of the date of the prescription.

(5) For any drug which the bridge year graduate physician is authorized to prescribe, a written prescription signed by the bridge year graduate physician and entered into the patient's chart may be called into a pharmacy.

(6) Whenever a bridge year graduate physician calls in a prescription to a pharmacy, the bridge year graduate physician shall identify his or her supervising physician.

(7) A bridge year graduate physician may administer any legend drug which the bridge year graduate physician is authorized to prescribe.

(8) When prescribing legend drugs, a bridge year graduate physician shall use a prescription form which includes all of the following:

(a) The name, medical practice site address and telephone number of the physician supervising the bridge year graduate physician;

(b) The medical practice site address, and telephone number of the bridge year graduate physician, if different from the address of the supervising physician;

(c) The bridge year graduate physician's permit number assigned by the Board;

(d) The words "Product Selection Permitted" printed on one side of the prescription form directly underneath a signature line; and

(e) The words "Dispense as Written" printed on one side of the prescription form directly underneath a signature line.

(9) For inpatients and nursing home patients, a bridge year graduate physician may enter a verbal order from the supervising physician for controlled substances or other medications which the bridge year graduate physician is not authorized to prescribe, provided that the order is co-signed by the supervising physician in accordance with established guidelines and institutional policies.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.17 Covering Physicians for Bridge Year Graduate Physicians

(1) When the supervising physician is not readily available to respond to patients' medical needs, the bridge year graduate physician is not authorized to perform any act or render any treatments unless another qualified physician in the same medical practice, practice group, or multidisciplinary medical team, or of the same or similar specialty as the supervising physician is immediately available on site to supervise the bridge year graduate physician. The covering physician providing supervision must have previously attested in writing to the Board that he or she assumes all responsibility for the actions of the bridge year graduate physician during the temporary absence of the primary supervising physician.

(2) The covering physician providing the supervision shall also affirm in in writing that he or she is familiar with the current rules regarding bridge year graduate physicians and the job description filed by the supervising physician and the bridge year graduate physician, that he or she is accountable for adequately supervising the medical care rendered pursuant to the job description, and that he or she approves the drug type, dosage, quantity and number of refills of legend drugs which the bridge year graduate physician is authorized to prescribe in the job description. The covering physician must meet the same qualifications as the supervising physician as established in Rule 540-X-27-.03 above.

(3) The supervising physician shall inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.

History:

.18 **Report by Supervising Physician**

(1) At the end of the initial bridge year, the supervising physician shall submit a report directly to the Board which includes the following:

(a) The scope and breadth of the practice of the participating bridge year graduate physician, including the ability of the bridge year graduate physician to complete the following, if applicable:

(i) Gather a history and perform a physical examination;

(ii) Prioritize a differential diagnosis following a clinical encounter,

(iii) Recommend and interpret common diagnostic and screening tests,

(iv) Enter and discuss orders and prescriptions,

(v) Document a clinical encounter in the patient record,

(vi) Provide an oral presentation of a clinical encounter,

(vii) Form clinical questions and retrieve evidence to advance patient care,

(viii) Collaborate as a member of an interprofessional team,

(ix) Recognize a patient requiring urgent or emergent care and initiate evaluation and management,

(x) Obtain informed consent for tests and/or procedures,

(xi) Perform general procedures of a physician,

(xii) Identify system failures and contribute to a culture of safety and improvement.

(b) The instruction and training provided to the bridge year graduate physician by the supervising and any covering physician, if applicable,

(c) A statement as to whether the bridge year graduate physician would be recommended for a residency position upon reapplication.

(2) This section shall also apply to a bridge year graduate physician's renewal bridge year if the bridge year graduate physician applied for a renewal of the initial permit.

(3) If the supervising physician has changed prior to the end of the initial bridge year or renewal bridge year, the supervising physician supervising the bridge year graduate physician at the end of the bridge year or renewal bridge year shall be responsible for submitting the report to the Board.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.19 Forms Requiring a Physician's Signature

Unless prohibited by Federal or state statutes or regulations or by the agency governing a specific form, a bridge year graduate physician may sign any form which can be authenticated by the supervising physician's signature, if signing by the bridge year graduate physician is authorized by the supervising physician.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

.20 Bridge Year Graduate Physician Standing Work Group

(1) The Bridge Year Graduate Physician Standing Work Group is established to consult and assist in the drafting of rules related to the practice of bridge year graduate physicians, consisting of the following:

a. Two members appointed by the Medical Association of the State of Alabama.

b. One member appointed by the Alabama Academy of Family Physicians.

c. One member appointed by the Alabama Chapter of the American Academy of Pediatrics.

d. One member appointed by the Alabama Chapter of the American College of Physicians.

e. One member appointed by the Alabama Primary Health Care Association.

f. One member appointed by the Board of Medical Examiners.

g. The director of a residency program appointed by the Dean of The University of Alabama at Birmingham School of Medicine

h. The director of a residency program appointed by the Dean of the University of South Alabama College of Medicine.

i. The director of the Cahaba Family Medicine Residency Program

(2) The standing work group may appoint a chair and vice-chair from among its members. The chair will be responsible for calling the meeting to order and presiding over any items that require a majority vote. The vice-chair should assume the chair's duties upon the chair's absence.

(3) Following the initial drafting of rules, the standing work group shall meet only at the direction of the Board. The standing work group may conduct all such continuing or new business as may be assigned to it by the Board.

(4) The standing work group shall serve in an advisory capacity only and any recommendations made by the standing work group shall be subject to approval by the Board.

(5) Members of the standing work group shall receive, out of the funds of the board, reimbursement for subsistence and travel in accordance with state law for each day actively engaged in official business of the standing working group.

(6) The standing working group may conduct its business in person or by electronic means.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 34-24-75.2 and Act No. 23-233.
History:

EXHIBIT
J

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE GENERAL COUNSEL
E. Wilson Hunter, General Counsel
Effie M. Hawthorne, Associate General Counsel

Post Office Box 946
Montgomery, Alabama 36101-0946
848 Washington Avenue
Montgomery, Alabama 36104

Phone (334) 833-0171
Email ehawthorne@albme.gov

MEMORANDUM

TO: The Alabama Board of Medical Examiners and the Medical Licensure Commission of Alabama

FROM: BME and MLC Joint Consultant Group on Physician Sexual Misconduct

RE: Proposal for Professional Boundaries CME Requirement

DATE: January 26, 2024

The consultant group consisting of Aruna Arora, M.D. (BME), Kenneth Aldridge, M.D. (MLC), William Perkins (BME), Wilson Hunter (BME), Effie Hawthorne (BME), Roland Johnson (BME), and Karen Silas (BME) met on January 25, 2024, via Teams.

The consultant group proposes the following continuing medical education (CME) requirement be implemented:

Beginning January 1, 2025, all physicians receiving their initial license to practice medicine in Alabama must complete the PBI Education course titled "PBI Complete Professional: Navigating Professional Boundaries in Medicine" within twelve (12) months of licensure, regardless of the exemption for initial licensees to complete the minimum CME requirement for the calendar year in which they receive their initial license per Ala. Admin. R. 540-X-14-.05 and 545-X-5-.05. All active licensed physicians will be required to complete the above course by December 31, 2025. All licensees will be responsible for the cost of the course, currently listed at $55.

Beginning January 1, 2025, all physician assistants and anesthesiologist assistants receiving their initial license in Alabama must complete the above course within twelve (12) months of licensure. All active PAs/AAs will be required to complete the above course by December 31, 2025. All licensees will be responsible for the cost of the course, currently listed at $55.

The CME requirement for MDs/DOs can be accomplished without a change to the BME or MLC's rules per both Ala. Admin. R. 540-X-14-.02 and 545-X-5-.02 (attached to this memo).

Any CE requirements for PAs/AAs must be accomplished by a change to the BME's administrative rules. Such a change can be accomplished prior to January 1, 2025.

Staff has been in contact with PBI Education to discuss the possible implementation of this CME requirement and the logistics of said implementation, including the ability to audit compliance with the requirement. PBI provided an evaluation summary report for the Board's review (see attached).

The PBI course is available on demand as both a doctoral and non-doctoral option. It focuses on a positive approach to navigating professional boundaries and is well-organized, easy to follow, and easy to comprehend. The course is explanatory and provided additional links for any information shared, such as laws, rules, etc. The course culminates in a 25-question exam, with an 80% correct score requirement for passage. Some highlights of the doctoral course include:

- Defined vs. non-defined professional boundaries
- Dual relationship patients
- A timeline for sexual misconduct cases
- Types of disciplinary actions resulting from physician misconduct, including the effects of losing a medical license
- Societal challenges such as social media, electronic communications, cultural diversity
- Professional challenges such as EMR, complex patients, empathy, implicit biases, work relationships, and sexual harassment
- Physician's obligation to report other physicians
- Navigating relationships, personal issues, anger, etc.
- Trauma-informed care related to universal precautions that can be taken
- Exam guidelines and utilization of a chaperone
- Strategies and tips for creating a protection plan

EMH:

540-X-14-.02 Basic Requirement.

(1) Every physician licensed to practice medicine in Alabama who resides or practices in the state must earn in each calendar year, on or before December 31, not less than twenty five (25) AMA PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education.

(b) For the purpose of compliance with the continuing medical education (CME) basic requirement stated in paragraph (a) for only the 2010 calendar year, credits earned in the 2009 calendar year which are not used to meet the 2009 calendar year CME requirement may be carried forward and used to meet the 2010 calendar year requirement. Carrying forward credits shall not be allowed thereafter.

(2) For the purposes of this chapter, AMA PRA Category 1 Credit™ continuing medical education shall mean those programs of continuing medical education designated as AMA PRA Category 1 Credit™ which are sponsored or conducted by those organizations or entities accredited by the Council on Medical Education of the Medical Association of the State of Alabama or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.

(3) The following continuing courses and medical education courses shall be deemed, for the purposes of this Chapter, to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education:

(a) Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing

medical education for osteopathic physicians.

(b) Programs of continuing medical education designated to confer "Prescribed credits" which are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct "Prescribed credit" continuing medical education activities.

(c) Programs of continuing medical education designated to confer "ACOG Cognate Credits" which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved ACOG Cognate Credit activities on obstetrical and gynecologic related subjects.

(d) Programs of continuing medical education designated as such by the Alabama Board of Medical Examiners.

(e) Effective January 1, 2014, nationally recognized advanced life support/resuscitation certification courses, not otherwise accredited for AMA PRA Category 1 Credit™, for a maximum of two (2) Category 1 credits for each course. Basic life support courses are excluded and are not deemed to be the equivalent of Category 1 continuing medical education.

(4) Effective January 1, 2003, the Board may require all physicians and osteopaths to successfully complete a prescribed course of continuing medical education on a subject or subjects designated by the Board. The Board may prescribe by regulation a fixed period of time or deadline for completion of the prescribed continuing medical education course or courses. The Board may make provision for a physician or osteopath to be excused from this requirement for reasons satisfactory to

the Board. The Medical Licensure Commission of Alabama may, subject to notice and hearing, within its discretion, indefinitely suspend the license to practice medicine of a physician or osteopath who fails to successfully complete the course or courses of continuing medical education required by this subsection or impose administrative fines or other penalties as authorized by Section 34-24-381.

(a) Prescribed programs of continuing medical education required by the Board under the provisions of this paragraph shall count toward the basic requirement for continuing medical education as set forth in paragraph (1) above in the calendar year in which the program or course of continuing medical education was completed. Programs of continuing medical education developed by the Board under the provisions of this section and made available to physicians and osteopaths shall be deemed to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education for the purposes of this rule. The Board may fix a reasonable charge to the licensee for any program of continuing medical education developed by the Board.

(b) Physicians holding an active license to practice medicine in this state will be notified by the Board of Medical Examiners of any prescribed course of continuing medical education by written notice which may accompany the licensee's annual license renewal application. The notice will designate the subject matter, course content and credit hours of the prescribed continuing medical education course and will provide licensees with information concerning the source or sources of such programs of continuing medical education. The notice will contain a deadline by which time the licensee must have completed the prescribed course of continuing medical education, provided, however, that the deadline will not be less than 12 months following the date

that the notice was mailed to the licensees.

(c) The Board may excuse a licensee from the requirement to complete a prescribed course of continuing medical education and may grant extensions for the completion deadline of prescribed courses of continuing medical education for reasons related to ill health, disability, financial hardship or other reasons deemed sufficient by the Board. Applications for excusal or extension of deadline should be addressed to Executive Director, State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946.

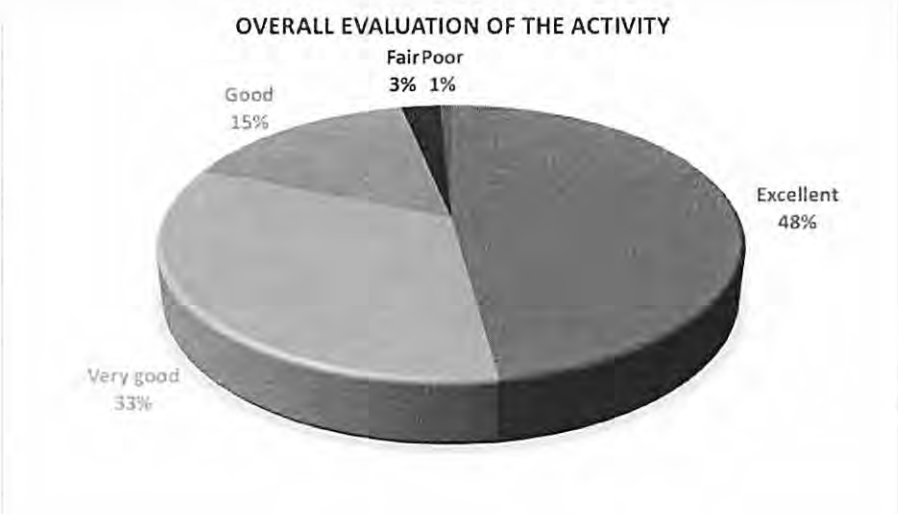
AUTHOR: Alabama Board of Medical Examiners
STATUTORY AUTHORITY: Code of Ala. 1975, § 34-24-53; Act 89-244.
HISTORY: Filed November 2, 1990; effective October 1, 1991. Amended: Filed December 16, 1999; effective January 20, 2000. Amended: June 6, 2002. Effective Date: September 26, 2002. Repealed and Replaced/Approved: January 21, 2004, Effective Date: May 28, 2004. Amended: May 20, 2004. Effective Date: October 4, 2004. Amended/approved: September 16, 2009. Effective Date: December 23, 2009. Amended/approved: May 16, 2012. Emergency Rule Effective May 25, 2012. Effective Date: September 28, 2012. Amended/Approved: October 16, 2013. Emergency Rule Effective: October 21, 2013. Effective Date: January 16, 2014.

PBI EDUCATION

Course Participant Evaluation Summary Analysis

Course: The Complete Professional: Navigating Professional Boundaries in Medicine (DR-2)
Analysis Period: July 1 - December 31, 2023

Figure 1:



Approximately 99% of DR-2 course graduates answered "yes" to the following statements:

1. Can you demonstrate appropriate clinical decision-making by minimizing negative influences?
2. Will you adhere to professional boundaries with resultant improvements in clinician-patient interaction, which can improve clinical outcomes?
3. Have you become aware of the early warning signs and personal risk factors indicative of ethical dilemmas and boundary problems?
4. Did you acquire a working understanding of the Formula© in order to reduce your own violation potential for ethical and policy transgressions?
5. Do you understand how to create your own Personalized Protection Plan to maintain appropriate boundaries?

Evaluation Question: How will you change your clinical practice as a result of this activity?
Sample responses (unedited direct quotes):

1. "I will identify early on patients at risk and show extra precautions. I will always have a chaperone and document their presence."
2. "I will avoid any business relationship with patients which creates a dual relationship. I will also avoid any communications with patients outside of company communications such as email, company telephone."
3. "1. Involve a chaperone in more exams, and make sure that they document their involvement. 2. Take more time to engage with my family and friends - to achieve a better life balance which I think

will help reduce burnout"

4. "More aware of patient needs and the State Boards responsibilities in protecting patients"
5. "I am a PCP, I have always practiced medicine with an emphasis on providing a listening ear. After reviewing this course I realize how often I end up becoming too much of a confidant to my patients, setting myself up for longer, social visits - it is only after going through this course that I understand my vulnerability potential and how this all puts me at risk! Wow! I will be returning to the office tomorrow and making changes to protect myself and my patients!"

Evaluation Question: Please share any additional thoughts, suggestions, or comments.
Sample responses (unedited direct quotes):

1. "Excellent course! Wish I had taken it before starting practice, and yearly thereafter"
2. "Great course. I went into expecting to be another painful online course. Was more insightful and thought provoking than I anticipated and very helpful. Put a lot into perspective."
3. "I had low expectations for this training. It certainly starts off and maintains its forcefulness. However, I have to say that I was quite pleased and grateful for the opportunity to do this training. The materials were appropriate, many outside resources were made available and the training was internally consistent in its themes. The questions were appropriate to the content. I don't think my comments capture what I am trying to say. Really, this training was well-constructed solidly achieved its objectives. Thank you."
4. "Wonderful course and outstanding content, slides, and organization. Invaluable information which should be mandatory course work for all medical students, residents, and other healthcare providers in all states throughout the course of their education and career. All specialty academies and boards should offer this course in their course curriculum."

Revised 01/29/2024

EXHIBIT
K

Craig H. Christopher, M.D.
Chairman/Executive Officer

Rebecca Robbins
Director of Operations

STATE *of* ALABAMA
MEDICAL LICENSURE COMMISSION

ost Office Box 887
Montgomery, Alabama 36101

Phone: (334)242-4153
Email: mlc@almlc.gov

HEARING SCHEDULE

Confidential hearings will convene after the public agenda has concluded at approximately 10:00 a.m. of the scheduled hearing date.

February 28, 2024:	-Richard Edwin Jones, III, M.D. – AC
March 28, 2024:	-Janakai Ram Prasad Earla, M.D. – AC/SS
April 24, 2024:	-Amjad Butt, M.D. – R -Kristin Dobay, M.D. – L
May 29, 2024:	-Eric Ray Beck, M.D. – AC -Aaron A. H. Ramirez, M.D. – AC/SS -Cameron Townsend Corte, M.D. – AC/SS
June 26, 2024:	-Ajit Naidu, M.D. – AC
July 24, 2024:	
August 28, 2024:	

Pending:	-Rodney K. Morris, M.D. – AC -Michael D. Dick, M.D. – SS (MH) -Cosmin Dobrescu, M.D. – AC/SS

A – Appeal
AC – Administrative Complaint
C – Compliance
L – Licensure
R – Request
SS – Summary Suspension

EXHIBIT
L

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 Respondent's "Motion to Alter, Amend, and Partially Vacate October 31, 2023 Consent Decree," filed on February 9, 2024. Respondent's Motion is denied as prematurely filed pursuant to Ala. Code § 34-24-361(h)(9), without prejudice to Respondent's re-filing her motion if and when she has entered into a Voluntary Agreement approved by the Board.

DONE on this the 12th day of March, 2024.

THE MEDICAL LICENSURE COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2024-03-12 09:58:33 CDT

Craig H. Christopher, M.D.
its Chairman

EXHIBIT
M

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,

Complainant,

vs.

VIPLOVE SENADHI, D.O.

Respondent.

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

CASE NO. 2023-094

ORDER TEMPORARILY SUSPENDING LICENSE AND SETTING HEARING

The Medical Licensure Commission has received the verified Administrative Complaint and Petition for Summary Suspension of License ("the Administrative Complaint") filed by the Alabama State Board of Medical Examiners in this matter. The Commission has determined that this matter is due to be set down for hearing under the provisions of Ala. Code § 34-24-361(e). This Order shall serve as the Notice of Hearing prescribed in Ala. Admin. Code r. 545-X-3-.03(3), (4). The Commission's legal authority and jurisdiction to hold the hearing in this matter are granted by Article 8, Chapter 24, Title 34 of the Code of Alabama (1975), and the particular sections of the statutes and rules involved are as set forth in the Administrative Complaint and in this Order.

1. **Temporary Suspension of License**

Upon the verified Administrative Complaint of the Alabama State Board of Medical Examiners, and pursuant to the legal authority of Ala. Code §§ 34-24-361(f) and 41-22-19(d), it is the ORDER of the Commission that the license to practice medicine or osteopathy, license certificate number DO.1453 of VIPLOVE SENADHI, D.O. ("Respondent"), be, and the same is hereby, immediately SUSPENDED. Respondent is hereby ORDERED and DIRECTED to surrender the said license certificate to Scott Sides, a duly authorized agent of the Medical Licensure Commission. Respondent is further ORDERED immediately to CEASE and DESIST from the practice of medicine in the State of Alabama.

This action is taken consistent with the Rules and Regulations of the Board of Medical Examiners and the Medical Licensure Commission and Ala. Code § 34-24-361(f), based upon the request of the Alabama State Board of Medical Examiners upon the Board's finding and certification that the Board presently has in its possession evidence that the continuance in practice of Respondent may constitute an immediate danger to his patients and the public.

Respondent is reminded that the suspension of his or her license to practice medicine in Alabama triggers certain obligations with regard to patient notification

and patient records. *See* Ala. Admin. Code r. 540-X-9-.10(4)(c); 545-X-4-.08(4)(c). Respondent shall comply with these requirements.

2. **Service of the Administrative Complaint**

A copy of the Administrative Complaint and a copy of this Order shall be served forthwith upon the Respondent, by personally delivering the same to Respondent if he or she can be found within the State of Alabama, or, by overnight courier, signature required, to Respondent's last known address if he or she cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by Scott Sides, who is designated as the duly authorized agent of the Commission.

3. **Initial Hearing Date**

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, June 26, 2024, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104. Unless otherwise specified by the Commission, the hearing will be held in person. All parties and counsel are expected to appear and to be prepared for the hearing at this date, time, and place.

4. **Appointment of Hearing Officer**

The Commission appoints the Honorable William R. Gordon, Circuit Judge (Ret.) as the Hearing Officer in this matter, pursuant to Ala. Admin. Code r. 545-X-3-.08. The Hearing Officer shall exercise general superintendence over all pre-hearing proceedings in this matter, and shall serve as the presiding officer at the hearing, having and executing all powers described in Ala. Admin. Code r. 545-X-3-.08(1)(a)-(g).

5. **Answer**

Respondent shall file an Answer, as prescribed in Ala. Admin. Code r. 545-X-3-.03(6), within 20 calendar days of the service of the Administrative Complaint. If Respondent does not file such an Answer, the Hearing Officer shall enter a general denial on Respondent's behalf.

6. **Rescheduling/Motions for Continuance**

All parties and attorneys are expected to check their schedules immediately for conflicts. Continuances will be granted only upon written motion and only for good cause as determined by the Chairman (or, in his absence, the Vice-Chairman) of the Medical Licensure Commission. Continuances requested on grounds of engagement of legal counsel on the eve of the hearing will not be routinely granted.

7. Case Management Orders

The Hearing Officer is authorized, without further leave of the Commission, to enter such case management orders as he considers appropriate to the particular case. Among any other matters deemed appropriate by the Hearing Officer, the Hearing Officer may enter orders addressing the matters listed in Ala. Admin. Code r. 545-X-3-.03(5)(a)-(f) and/or 545-X-3-.08(1)(a)-(g). All parties will be expected to comply with such orders.

8. Manner of Filing and Serving Pleadings

All pleadings, motions, requests, and other papers in this matter may be filed and served by e-mail. All filings should be e-mailed to:

- The Hearing Officer, William Gordon (wrgordon@charter.net);
- The Director of Operations of the Medical Licensure Commission, Rebecca Robbins (rrobbins@almlc.gov);
- General Counsel of the Medical Licensure Commission, Aaron Dettling (adettling@almlc.gov);
- General Counsel for the Alabama Board of Medical Examiners, Wilson Hunter (whunter@albme.gov); and
- Respondent/Licensee or his or her counsel, as appropriate.

The Director of Operations of the Medical Licensure Commission shall be the custodian of the official record of the proceedings in this matter.

9. Discovery

Consistent with the administrative quasi-judicial nature of these proceedings, limited discovery is permitted, under the supervision of the Hearing Officer. *See* Ala. Code § 41-22-12(c); Ala. Admin. Code r. 545-X-3-.04. All parties and attorneys shall confer in good faith with one another regarding discovery. If disputes regarding discovery are not resolved informally, a motion may be filed with the Hearing Officer, who is authorized to hold such hearings as appropriate and to make appropriate rulings regarding such disputes.

10. Publicity and Confidentiality

Under Alabama law, the Administrative Complaint and this Order are public documents. The hearing itself is closed and confidential. The Commission's written decision, if any, will also be public. *See* Ala. Code § 34-24-361.1; Ala. Admin. Code r. 545-X-3-.03(10)(h), (11).

11. Stipulations

The parties are encouraged to submit written stipulations of matters as to which there is no basis for good-faith dispute. Stipulations can help to simplify and shorten the hearing, facilitate the Commission's decisional process, and reduce the overall costs of these proceedings. Written stipulations will be most useful to the Commission if they are submitted in writing approximately 10 days preceding the

hearing. The Hearing Officer is authorized to assist the parties with the development and drafting of written stipulations.

12. Judicial Notice

The parties are advised that the Commission may take judicial notice of its prior proceedings, findings of fact, conclusions of law, decisions, orders, and judgments, if any, relating to the Respondent. *See* Ala. Code § 41-22-13(4); Ala. Admin. Code r. 545-X-3-.09(4).

13. Settlement Discussions

The Commission encourages informal resolution of disputes, where possible and consistent with public interest. If a settlement occurs, the parties should notify the Hearing Officer, the Commission's Director of Operations, and Commission's General Counsel. Settlements involving Commission action are subject to the Commission's review and approval. To ensure timely review, such settlements must be presented to the Commission no later than the Commission meeting preceding the hearing date. Hearings will not be continued based on settlements that are no presented in time for the Commission's consideration during a monthly meeting held prior to the hearing date. The Commission Vice-Chairman may assist the parties with the development and/or refinement of settlement proposals.

14. Subpoenas

The Commission has the statutory authority to compel the attendance of witnesses, and the production of books and records, by the issuance of subpoenas. *See* Ala. Code §§ 34-24-363; 41-22-12(c); Ala. Admin. Code r. 545-X-3-.05. The parties may request that the Hearing Officer issue subpoenas for witnesses and/or documents, and the Hearing Officer is authorized to approve and issue such subpoenas on behalf of the Commission. Service of such subpoenas shall be the responsibility of the party requesting such subpoenas.

15. Hearing Exhibits

A. Parties and attorneys should, if possible, stipulate as to the admissibility of documents prior to the hearing.

B. The use of electronic technology, USB drives, CD's, DVD's, etc. is acceptable and encouraged for voluminous records. If the Commission members will need their laptop to view documents, please notify the Hearing Officer prior to your hearing.

C. If providing hard copies, voluminous records need not be copied for everyone but, if portions of records are to be referred to, those portions should be copied for everyone.

D. If a document is to be referred to in a hearing, copies should be available for each Commission member, the Hearing Officer, the Commission's General Counsel, opposing attorney, and the court reporter (12 copies).

E. Index exhibits/documents for easy reference.

F. Distribute exhibit/document packages at the beginning of the hearing to minimize distractions during the hearing.

16. Administrative Costs

The Commission is authorized, pursuant to Ala. Code § 34-24-381(b) and Ala. Admin. Code r. 545-X-3-.08(9) and (10), to assess administrative costs against the Respondent if he or she is found guilty of any of the grounds for discipline set forth in Ala. Code § 34-24-360. The Board of Medical Examiners **[X]has / [ ]has not** given written notice of its intent to seek imposition of administrative costs in this matter.

17. Appeals

Appeals from final decisions of the Medical Licensure Commission, where permitted, are governed by Ala. Code § 34-24-367.

DONE on this the 29th day of February, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2024-02-29 16:41:39 CST

Craig H. Christopher, M.D.
its Chairman

Distribution:

- Honorable William R. Gordon (incl. Administrative Complaint)
- Rebecca Robbins
- Respondent/Respondent's Attorney
- E. Wilson Hunter
- Aaron L. Dettling

EXHIBIT
N

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,

Complainant,

vs.

CAMERON TOWNSEND CORTE, M.D.,

Respondent.

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

CASE NO. 2023-279

ORDER

This matter is before the Medical Licensure Commission of Alabama on Respondent's "Amended Motion to Continue," filed on February 27, 2024. The Commission notes that Respondent has executed a valid waiver of the 120-day limitation on summary suspension. For good cause shown, the hearing in this matter is continued generally, and the parties are directed to file a joint status report with the Commission no later than Wednesday, May 22, 2024.

DONE on this the 12th day of March, 2024.

THE MEDICAL LICENSURE COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2024-03-12 09:57:08 CDT

Craig H. Christopher, M.D.
its Chairman

EXHIBIT
O

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

I, LUDONIR CANNOT SEBASTIANY, M.D., do voluntarily surrender my certificate of qualification and license to practice medicine or osteopathy in the State of Alabama, identified by license number MD.44831, under the provisions of Ala. Code § 34-24-361(g). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners ("the Board").

I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence.

I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing. I also understand that both the Board and Medical Licensure Commission shall have access to any investigative file in this matter should I request reinstatement of my certificate of qualification and medical license, and that the Board has the right, but no obligation, to contest my reinstatement.

I understand that the Board may summarily deny any petition for reinstatement of my certificate of qualification for two (2) years from the effective date of this surrender. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Board's rules, which include, but are not limited to, demonstrating to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients. If any new information regarding my license in this or any other state becomes available, I will be allowed to submit this information

to the Board for consideration and will be allowed to provide an explanation of why I believe the new information is relevant to my reinstatement application.

I understand that this surrender shall become effective upon acceptance by the Board. I further acknowledge that this voluntary surrender constitutes a public record of the Board and will be reported by the Board to the National Practitioner Data Bank and to the Federation of State Medical Boards. I understand that this voluntary surrender may be released by the Board to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 1st day of ~~January~~ February, 2024.

LUDINOR CANNOT SEBASTIANY, M.D.

GREGG B. Everett
Attorney For Dr. Sebastiany

EXHIBIT
P

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

I, EVANN MAX HERRELL, D.O., do voluntarily surrender my certificate of qualification and license to practice medicine or osteopathy in the State of Alabama, identified by license number DO.1586, under the provisions of Ala. Code § 34-24-361(g). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners ("the Board")

I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence.

I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing. I also understand that both the Board and Medical Licensure Commission shall have access to any investigative file in this matter should I request reinstatement of my certificate of qualification and medical license, and that the Board has the right to contest my reinstatement. I understand that the Board may summarily deny any petition for reinstatement of my certificate of qualification for two (2) years from the effective date of this surrender. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Board's rules, which include, but are not limited to, demonstrating to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients.

I understand that this surrender shall become effective upon acceptance by

the Board. I further acknowledge that this voluntary surrender constitutes a public record of the Board and will be reported by the Board to the National Practitioner Data Bank and to the Federation of State Medical Boards. I understand that this voluntary surrender may be released by the Board to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 30 day of December, 2023.

EVANN MAX HERRELL, D.O.

Witnessed by:

Laura Dean
(Print)

Laura Dean
(Sign)

EXHIBIT
Q

ALABAMA STATE BOARD OF MEDICAL EXAMINERS, **Complainant,** **v.** **RICHARD EDWIN JONES, III, M.D.,** **Respondent.**	**BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA** **CASE NO. 2022-318**

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter came before the Medical Licensure Commission of Alabama for a contested case hearing on February 28, 2024. After receiving and considering all of the relevant evidence and argument, we find the Respondent, Richard Edwin Jones, III, M.D., guilty of two of the three disciplinary charges and impose professional discipline as set forth below.

I. Introduction and Statement of the Case

The respondent in this case is Richard Edwin Jones, III, M.D. (hereinafter "Respondent"). Respondent was first licensed by the Commission on September 27, 1995, having been issued license no. MD.19352. The disciplinary charges in this case arise out of Respondent's alleged pattern of conduct, over a period of years, holding out an unlicensed person, Jorge Rodriguez, as a "doctor," and

routinely employing and allowing that unlicensed person to perform actions constituting the practice of medicine, including, but not limited to, intra-articular injections.

II. Procedural History

On September 1, 2023, the Alabama Board of Medical Examiners filed an Administrative Complaint (the "Administrative Complaint"). The Administrative Complaint contains three counts.

Count One alleges that Respondent aided or abetted the unauthorized practice of medicine in violation of Ala. Code § 34-24-360(13), and Ala. Admin. Code r. 545-X-3-.08(15)(m), in that he held out Jorge Rodriguez as "doctor," and allowed Mr. Rodriguez to perform acts constituting the practice of medicine, including, but not limited to, interpreting x-rays and ultrasounds, and administering intra-articular injections.

Count Two alleges, based on the same core facts as Count One, that Respondent is guilty of "gross and repeated malpractice" in violation of Ala. Code § 34-24-360(9).

In Count Three, the Board alleges that Respondent committed unprofessional conduct in violation of Ala. Code § 34-24-360(2) and Ala. Admin. Code r. 545-X-3-.08(15)(b), by continuing to hold Mr. Rodriguez out as a

"doctor" from 2010 through October 5, 2022, after having been informed by the Board that Mr. Rodriguez was not licensed to practice medicine in Alabama.

On February 28, 2024, we conducted a full evidentiary hearing on these charges as prescribed in Ala. Admin. Code r. 545-X-3. The case supporting the disciplinary charges was presented by the Alabama Board of Medical Examiners through its attorneys E. Wilson Hunter and Alicia Harrison. Respondent was represented by attorney James Hoover. Pursuant to Ala. Admin. Code r. 545-X-3-.08(1), the Honorable William R. Gordon presided as Hearing Officer.

At the commencement of the hearing, the Board and Respondent presented stipulated facts, along with Respondent's consent to the Commission finding of guilt as to Counts One and Three of the Administrative Complaint. At the same time, the Board voluntarily dismissed Count Two. The Board rested on the stipulated facts, and Respondent testified in his own defense.

Each side was offered the opportunity to present evidence and argument in support of its respective contentions, and to cross-examine the witnesses presented by the other side. After careful review, we have made our own independent judgments regarding the weight and credibility to be afforded to the evidence, and the fair and reasonable inferences to be drawn from it. Having done so, and as prescribed in Ala. Code § 41-22-16, we enter the following Findings of Fact and Conclusions of Law.

III. Findings of Fact

We find the following facts to be established by the preponderance of the evidence presented at the hearing:[1]

1. On or about September 27, 1995, Richard Edwin Jones, III, M.D., ("Respondent") was issued license number MD.19352 which authorized him to practice medicine in the State of Alabama. Respondent is a board certified internist and rheumatologist who owns and practices medicine at the Clinic for Rheumatic Diseases (the "Clinic") located in Northport, Alabama.

2. Respondent employs another physician/medical doctor, "Physician #1," who is also a rheumatologist and treats patients in the Clinic's office in Northport, Alabama.

3. Respondent also employs an individual named Jorge Rodriguez. Mr. Rodriguez is employed as a sonographer who performs musculoskeletal ultrasounds and started working at the Clinic on March 7, 2007. Mr. Rodriguez is not licensed to practice medicine or osteopathy in the United States.

4. Mr. Rodriguez graduated from the School of Medicine, University of Havana and received his Doctor of Medicine degree in 1984. He was licensed

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[1] Findings 1 through 20 are based on the written stipulations entered into between the Board and Respondent. Findings 21 through 26 are the Commission's additional findings of fact based on the totality of the evidence presented at the hearing.

to practice medicine in Cuba and Nicaragua beginning in 1984, and licensed to practice medicine in Mexico in 1994. Jorge Rodriguez practiced medicine and served as a professor of medicine at the Sports Medicine Institute in Hermanos Ameijeiras Hospital. He performed imaging studies including MRI and ultrasound of the musculoskeletal systems. Jorge Rodriguez was an ultrasound instructor and sonologist for Discovery Diagnostics in Los Angeles, California and Diagnostic Medical Ultrasound Instructor and Continuing Education Instructor of Musculoskeletal Ultrasound in Miami, Florida. Jorge Rodriguez has held and continues to hold the Pioneer Certification of MSKUS from the American Registry for Diagnostic Medical Sonography (ARDMS) as a physician beginning in 2012 and also holds a Physician Certification in RMSK from the Alliance for Physician Certification and Advancement (APCA) since 2016.

5. On or about July 13, 2021, Patient 1, a physician, was referred to Physician #1 at the Clinic due to joint pain and fatigue. Physician #1 ordered x-rays and labs. At a follow-up visit on or about July 28, 2021, after Physician #1 reviewed the results of the x-rays and labs, Physician #1 diagnosed Patient 1 with rheumatoid arthritis. Physician #1 ordered an ultrasound of Patient 1's wrists and hands that same day. The ultrasound was performed by Mr. Rodriguez. On or about October 28, 2021, Physician #1 ordered a follow-up ultrasound of Patient 1's right hand. This ultrasound was also performed by Mr. Rodriguez.

6. During these visits, Mr. Rodriguez was introduced to Patient 1 as "Doctor Rod." Mr. Rodriguez conducted a MSK ultrasound on Patient 1 and explained to Patient 1 what he was seeing as he performed the ultrasound.

7. On July 25, 2022, Patient 1 presented to the Clinic for a follow-up appointment with Physician #1 and complained of right hip pain. Physician #1 informed Patient 1 that a steroid injection might help her pain. Patient 1 agreed to an injection, and the injection was scheduled for the following day.

8. Patient 1 presented to the Clinic for the scheduled injection on July 26, 2022. Patient 1 did not see Physician #1 that day but, instead, was seen by Mr. Rodriguez. Mr. Rodriguez pulled up the x-rays of her hip on the computer and explained to her what he saw on the films. He did the same with the ultrasound. For instance, Mr. Rodriguez described a slight narrowing of the joint space of the hip that was not concentric, which indicated a degenerative process. He also told Patient 1 where he could see bursitis and where there was no bursitis in her hip and explained that he planned to inject the subgluteal bursa. This reinforced Patient 1's belief that Mr. Rodriguez was a radiologist.

9. Mr. Rodriguez then performed an ultrasound guided injection of the right hip and injected a steroid into Patient 1's right subgluteus bursa. Physician #1 was not physically present in the ultrasound room when Mr. Rodriguez performed the ultrasound guided injection. However, Physician #1 was

in the office and immediately available to Mr. Rodriguez during the performance of the injection.

10. Mr. Rodriguez interpreted the ultrasound and seemingly authored the diagnostic report for the exam performed on July 26, 2022, as evidenced by the fact that the initials, "JR," appear at the bottom of the report. The diagnostic report for the ultrasound of the right hip shows "(l) normal appearance of the cortical bone of the anterior acetabulum, femoral head and neck; (2) trochanteric bursa is not visualized, (3) normal appearance of the psoas muscle and tendon, (4) normal appearance of the anterior iliofemoral ligament and anterior labrum, and (5) subgluteal bursitis."

11. Mr. Rodriguez then performed the ultrasound guided injection. Physician #1 was not physically present in the room, but was in the office and immediately available during the injection.

12. After the ultrasound guided injection, Mr. Rodriguez informed Patient 1 that she would have pain for a couple of days at the injection site and that it would take four to six days for the injection to start relieving her pain.

13. After the ultrasound guided injection, Patient 1 searched the website of the Alabama State Board of Medical Examiners and learned that Mr. Rodriguez is not licensed to practice medicine in the State of Alabama.

14. During a previous Board investigation, the Board spoke to Respondent about improperly "marketing" Mr. Rodriguez as a licensed physician on the Clinic website. In response, Respondent wrote a letter to the Board on October 22, 2010, stating "let me be clear that I fully understand that [Mr. Rodriguez] does not have a license to practice medicine in Alabama. He understands this as well. We endeavor to make sure that any activity with which he is involved in my office is appropriate within that context. If there are any changes or clarifications we need to make in terms of Dr. Rodriguez's role, please let me know. As I indicated to [a former investigator for the Board], we intend to be adherent to the letter and spirit of the law."

15. Notwithstanding the above acknowledgment by Respondent in 2010, Respondent and his staff continued to refer to Mr. Rodriguez as "Doctor Rod." Mr. Rodriguez also continued to perform ultrasound guided joint injections pursuant to a written order by a licensed practitioner without a licensed physician being physically present in the room and, upon information and belief, has performed thousands of injections in this manner since 2010.[2] However, a licensed physician was at all times physically in the office and immediately available during the injections.

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[2] In his testimony before the Commission, Respondent estimated that Mr. Rodriguez performed between 1,000 and 1,500 injections.

16. On September 1, 2023, the Board filed a three-count Administrative Complaint with the Commission charging Respondent with aiding and abetting the unauthorized practice of medicine, gross and repeated malpractice, and unprofessional conduct, in violation of Ala. Code §§ 34-24-360(13), 34-24-360(9), and 34-24-360(2), respectively.

17. On October 24, 2023, Respondent filed a written response to the Administrative Complaint.

18. Patient 1 was not Respondent's patient and Respondent was not involved in any of Patient 1's care or treatment.

19. Although Mr. Rodriguez is not licensed as a physician in the United States, Mr. Rodriguez is a physician by training and is internationally recognized as being at the forefront of using ultrasound techniques in the field of musculoskeletal disorders.

20. Respondent admits to the factual allegations which form the basis of Count One and Count Three of the Administrative Complaint, admits that he violated the Alabama Code and Commission rules referenced in Count One and Count Three of the Administrative Complaint, and consents to the Medical Licensure Commission of Alabama's findings of a violation on Count One and Count Three. The Parties stipulate to the dismissal of Count Two with prejudice.

21. Although Patient 1 was not Respondent's patient, Respondent admits that he "made the decision to allow Dr. [*sic*] Rodriguez to perform joint injections as long as a licensed physician was physically present in our clinic. This decision was mine and mine alone. I made this decision under my mistaken interpretation that because Dr. [*sic*] Rodriguez has the appropriate skill, training and educational background to perform such procedures and the procedures were within his scope of practice that it was permitted as long as myself and/or another licensed physician was present in the office." (BME Ex. 4.)

22. In 2010, the Board of Medical Examiners became aware that the Clinic was marketing Mr. Rodriguez as one of its doctors, and initiated an investigation.

23. During the Board's first investigation of the Clinic, on October 22, 2010, Respondent wrote the following letter to the Board:

> Dear Sirs:
>
> Firstly, let me apologize for any confusion surrounding the activities of my employee, Jorge Rodriguez. Dr. [*sic*] Rodriguez has not at any time worked as a licensed physician in my practice. Furthermore, there has been no intent on my part to "market" him as such. Any indication to the contrary is either malicious hyperbole or inadvertent (*i.e.*, placement of his name in advertising or phone listings). We began the process to remove advertising and phone listings including him immediately after I became aware of them through my conversation with [the former Board investigator] on October 22, 2010.

> Just so the "why" of my employment of Dr. [*sic*] Rodriguez is understood: he is a recognized international authority in the area of MSK ultrasound. While popular in Europe, MSK ultrasound is only now becoming available in broader fashion in the US. There are only a handful of true experts in this subject in this country and Dr. [*sic*] Rodriguez is one of them. Dr. [*sic*] Rodriguez obtained his medical training in Cuba where he gained expertise in MSK ultrasound long before its appearance in this country. When I hired Dr. [*sic*] Rodriguez, he was about to accept a similar position with the orthopedic surgeon Dr. James Andrews. He is on the clinical faculty of the University of Alabama School of Medicine and serves as a consultant and teacher on MSK ultrasound to General Electric and Sonosite.
>
> However, let me be clear that I fully understand that he does not have a license to practice medicine in Alabama. He understands this as well. We endeavor to make sure that any activity with which he is involved in my office is appropriate within that context.
>
> If there are any changes or clarifications we need to make in terms of Dr. [*sic*] Rodriguez's role, please let me know. As I indicated to [the former Board investigator], we intend to be adherent to the letter and spirit of the law. If you have any further questions about this matter, I will be happy to address them.
>
> Sincerely,
>
> /s/
>
> Richard Jones, PhD, MD
>
> Clinic for Rheumatic Diseases

(BME Exhibit 9.)

24. In 2022, soon after two Board investigators informed Respondent that Mr. Rodriguez was not allowed to perform intra-articular injections, Respondent and the Clinic began the process of refunding fees to various payors

for procedures performed by Mr. Rodriguez, but billed by the physician who ordered the procedure. Respondent determined that the Clinic's records consistently identified the physician as the provider of the injections, even when the injections were actually performed by Mr. Rodriguez. The Clinic therefore decided to refund *all* fees received for intra-articular injections for particular timeframes, without determining which ones were performed by a licensed physician and which were performed by Mr. Rodriguez. To date, the Clinic has refunded approximately $217,000.00 to various payors, including private insurers, Medicare, and Medicaid. (Respondent's Exhibit 28.)

25. In testimony before the Commission, Respondent argued that the investigators who visited him in 2010 understood that Mr. Rodriguez was performing ultrasound guided intra-articular injections under the direct supervision of a physician, and did not object to him doing so at that time.[3] We find this claim to be factually unsupported, and in fact contradicted by Respondent's written assurance to the Board in 2010 that "Dr. [*sic*] Rodriguez has not at any time worked as a licensed physician in my practice." (BME Exhibit 9.)

26. In 2017, the Board published forms by which advanced practice providers such as Certified Registered Nurse Practitioners and Physician

[3] Respondent does not argue that the Board's investigators knew about and acceded to Mr. Rodriguez interpreting diagnostic imaging.

Assistants could apply for authorization to train to perform joint injections in collaboration with a licensed physician. Respondent admitted that he used this procedure to gain authorization for nurse practitioners to perform intra-articular injections "all the time." Mr. Rodriguez, of course, is not licensed as a nurse practitioner or physician assistant, either, and therefore could not be authorized to perform intra-articular injections via this route.

IV. Conclusions of Law

1. The Medical Licensure Commission of Alabama has jurisdiction over the subject matter of this contested case proceeding pursuant to Act No. 1981-218, Ala. Code §§ 34-24-310, *et seq*. Under certain conditions, the Commission "shall have the power 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." Ala. Code § 34-24-360. In addition to all other authorized penalties and remedies, the Commission may impose a fine of up to $10,000 per violation, and may require the payment of administrative expenses incurred in connection with the disciplinary proceeding. Ala. Code § 34-24-381(a), (b).

2. Respondent was properly notified of the time, date, and place of the administrative hearing and of the charges against him in compliance with Ala.

Code §§ 34-24-361(e) and 41-22-12, and Ala. Admin. Code r. 545-X-3-.03(3), (4). At all relevant times, Respondent was a licensee of this Commission and was and is subject to the Commission's jurisdiction.

3. A physician may be disciplined by the Commission if, after notice and hearing, he is found to have "[a]id[ed] or abet[ed] the practice of medicine by any person not licensed by the commission." Ala. Code § 34-24-360(13); Ala. Admin. Code r. 545-X-3-.08(15)(m). Alabama law specifically defines the "practice of medicine" to include the following:

> (1) To diagnose, treat, correct, advise, or prescribe for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, physical or mental, real or imaginary, by any means or instrumentality;
>
> * * *
>
> (3) To use, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human disease or conditions, the designation "doctor," "doctor of medicine," "doctor of osteopathy," "physician," "surgeon," "physician and surgeon," "Dr.," "M.D.," or any combination thereof unless such a designation additionally contains the description of another branch of the healing arts for which a person has a license.

Ala. Code § 34-24-50 (1975).

4. The facts of this case clearly substantiate—and Respondent admits—that Respondent is guilty of aiding and abetting the unlicensed practice of medicine by Mr. Rodriguez. These violations persisted on a systematic basis over more than 10 years, affecting thousands of patients, even after Respondent

acknowledged that Mr. Rodriguez could not be held out as a medical doctor and was not licensed to practice medicine.

5. A physician may also be disciplined for "[u]nprofessional conduct as defined herein or in the rules and regulations promulgated by the commission." Ala. Code § 34-24-360(2). Under our rules, it is "unprofessional conduct" for a physician to "violat[e] any rule promulgated by the Alabama Board of Medical Examiners or the Medical Licensure Commission pursuant to their rule making authority as set forth in the Alabama Administrative Procedures Act." Ala. Admin. Code r. 545-X-4-.06(22); Ala. Admin. Code r. 545-X-3-.08(15)(b). As noted above, it is a violation of the Commission's administrative rules for a physician to aid or abet the practice of medicine by unlicensed persons. Ala. Admin. Code r. 545-X-3-.08(15)(m).

6. The facts of this case clearly substantiate—and Respondent admits—that Respondent is guilty of unprofessional conduct. Again, these violations persisted after remonstration by the Board, over an extended period of time, and affecting a great many Alabama patients.

7. We reach these conclusions based all of the evidence presented, viewed through the lens of our professional experience and specialized knowledge of the practice of medicine. *See* Ala. Code § 41-22-13(5) ("The experience,

technical competence, and specialized knowledge of the agency may be utilized in the evaluation of the evidence.").

V. Decision

Based on all of the foregoing, it is **ORDERED, ADJUDGED, AND DECREED**:

1. That the Respondent, Richard Edwin Jones, III, M.D., is adjudged **GUILTY** of aiding and abetting the practice medicine by unlicensed persons in violation of Ala. Code § 34-24-360(13) and Ala. Admin. Code r. 545-X-3-.08(15)(m), as charged in Count One of the Administrative Complaint.

2. That Count Two of the Administrative Complaint, charging "gross and repeated malpractice," is **DISMISSED WITH PREJUDICE**;

3. That the Respondent, Richard Edwin Jones, III, M.D., is adjudged **GUILTY** of unprofessional conduct in violation of Ala. Code § 34-24-360(2) and Ala. Admin. Code r. 545-X-3-.08(15)(b) and 545-X-3-.08(15)(m), as charged in Count Three of the Administrative Complaint.

4. That, separately and severally for each of Counts One and Three, Respondent's license to practice medicine in the State of Alabama is **REVOKED;** said revocation is **STAYED;** and Respondent's license to practice medicine in the

State of Alabama is placed on **PROBATION** subject to the following terms and conditions:

a. Respondent shall, within 180 days of this Order, complete the 15-hour Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers at Case Western Reserve University School of Medicine;

b. Respondent shall, within 180 days of this Order, complete **either** the 15.25-hour Intensive Course in Medical Ethics, Boundaries and Professionalism at Case Western Reserve University School of Medicine, **or** a similar course approved by the Commission offered at Vanderbilt University Medical Center;

c. Respondent shall unconditionally **CEASE AND DESIST** from referring to Mr. Rodriguez using the honorific "Doctor" or "Dr.," and from employing, allowing, or suffering any other person under Respondent's direction or control from doing so;

d. Respondent shall unconditionally **CEASE AND DESIST** from employing, allowing, or suffering Mr. Rodriguez to interpret diagnostic images (including but not limited to

radiographs and sonography images) or to perform injections of any kind;

e. Respondent shall cause all persons employed in his practice, when in the presence of patients, to wear identification badges conspicuously stating the person's name and credentials, and, in the case of Mr. Rodriguez, the stated credential shall be "Sonographer";

f. Respondent shall ensure that all radiographs and sonography images in his practice bear the personal attestation of a licensed physician that the image was personally viewed and interpreted by the licensed physician before any procedure may be ordered or performed on the basis of the image/interpretation;

g. Respondent shall cause all patients who are to receive intra-articular or deep tissue injections in his practice, at check-in, to be provided a written disclosure of the licensed professional who will be performing the procedure, including such licensed professional's name and professional licensure;

h. Respondent shall permit inspections of patient charts by Board investigators upon demand; and

i. Respondent shall, within 14 days, cause a complete copy of this Order to be distributed to all physicians in his practice.

5. That Respondent shall, within 30 days of this Order,[4] pay an administrative fine in the amount of $10,000.00 as to Count One, and $10,000.00 as to Count Three, for a total administrative fine of $20,000.00.

6. That it is the present sense of the Commission that any application for modification or termination of the terms of probation imposed above filed within the 24-month period following the date of this Order is likely to be summarily denied as prematurely filed pursuant to Ala. Code § 36-24-361(h)(9), and any application for modification or termination filed thereafter is not likely to be granted except and unless Respondent establishes to the satisfaction of the Commission, after a hearing, that the violations outlined in this Order have not recurred and are not likely to recur.

7. That within 30 days of this order, the Board shall file its bill of costs as prescribed in Ala. Admin. Code r. 545-X-3-.08(10)(b), and Respondent shall file any objections to the cost bill within 10 days thereafter, as prescribed in Ala. Admin. Code r. 545-X-3-.08(10)(c). The Commission reserves the issue of

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[4] *See* Ala. Admin. Code r. 545-X-3-.08(8)(d)(i). Respondent is further advised that "[t]he refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission" may be a separate instance of "unprofessional conduct." *See* Ala. Admin. Code r. 545-X-4-.06(6).

imposition of costs until after full consideration of the Board's cost bill and Respondent's objections, and this reservation does not affect the finality of this order. *See* Ala. Admin. Code r. 545-X-3-.08(10)(e).

DONE on this the 27th day of March, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2024-03-27 10:31:31 CDT

Craig H. Christopher, M.D.
its Chairman