

Prescribing Controlled Substances by Telehealth: Legal FAQs



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MISSION

The Alabama Board of Medical Examiners is charged with protecting the health and safety of the citizens of the state of Alabama.



William M. Perkins,
Executive Director

Alabama Board of Medical Examiners

Key Laws

Alabama's telehealth laws are codified at: Section 34-24-700, et seq.

- Section 34-24-701 – Definitions
- Section 34-24-702 – Licensure Requirements
- Section 34-24-703 – Duties of the physician
- Section 34-24-704 – Issuance of Legend and Controlled Prescriptions
- Section 34-24-705 – Compliance with State and Federal Laws

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BME Declaratory Rulings

The Board has issued declaratory rulings since the passage of the state's telehealth laws interpreting its application to specific situations.

- April 27, 2023: Provision of Telehealth by Limited Licensees
- June 22, 2023: VA System Clinical Video Telehealth Protocol
- August 17, 2023: Contrast Injection under Remote Supervision



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Section 34-24-701 - Definitions

Originating site. The physical location of a patient at the time in which telehealth medical services are provided.

Distant site. The physical location of a physician at the time in which telehealth medical services are provided.

Telehealth. The use of electronic and telecommunications technologies, including devices used for digital health, asynchronous and synchronous communications, or other methods, to support a range of medical care and public health services

Telemedicine. A form of telehealth referring to the provision of medical services by a physician at a distant site to a patient at an originating site via asynchronous or synchronous communications, or other devices that may adequately facilitate and support the appropriate delivery of care. The term includes digital health but does not include incidental communications between a patient and a physician.



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Frequently Asked Questions #1

Is there a special license just for telehealth?

Answer: No.

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Section 34-24-702 – Licensure Requirements

Physicians who engage in the provision of telehealth medical services to any individual in Alabama must possess a full and active license to practice medicine in Alabama - this is the same license that every physician is issued.

The provision of telehealth medical services is deemed to occur at the patient's physical location (the "Originating Site") within Alabama at the time telehealth medical services are provided.



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Frequently Asked Questions #2

Are there exemptions to the licensure requirement?

Answer: Yes.

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Section 34-24-702 – Licensure Requirements

Telehealth services that may not require an Alabama license:

(1) The physician is licensed in another state or D.C., and services are irregular or infrequent (telehealth medical services occurring fewer than ten days in a calendar year or involving fewer than ten patients in a calendar year); or

(2) Services are provided in consultation with an Alabama licensed physician, limited to ten days in a calendar year, or necessary medical care is provided to a patient being transported into Alabama.

Practitioners should consult an attorney with additional questions about when a license is required.



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Frequently Asked Questions #3

If the entire practice is telehealth, does someone have to physically see the patient?

Answer: It depends.

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Section 34-24-703 – Duties of the Physician

A physician has the same duty to exercise reasonable care, diligence, and skill whether providing services in-person or via telehealth, including when appropriate, to:

- Establish a diagnosis.
- Disclose the diagnosis and evidence for it.
- Discuss the risks and benefits of treatment options.
- Provide a visit summary to the patient and information on how to obtain appropriate follow-up and emergency care if needed.
- A physician-patient relationship must be established either at the initiation of the patient or referral by the patient's established physician.



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Section 34-24-703 – Duties of the Physician

Before providing telehealth medical services, the physician must:

- Verify the patient's identity;
- Require the patient to identify his or her physical location, including city and state;
- Disclose the identity and credentials of the physician and any other personnel; and
- Obtain the patient's consent for the use of telehealth and document it in the patient's medical record.



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Frequently Asked Questions #4

Are in-person visits necessary?

Answer: It depends.

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Section 34-24-703 – Duties of the Physician

In-Person Visit Requirement

If a physician or practice group provides telehealth services more than four times in a 12-month period to the same patient for the same medical condition without resolution, the physician shall either:

- (1) See the patient in person within a reasonable amount of time, which shall not exceed 12 months; or
- (2) Appropriately refer the patient to a physician who can provide the in-person care within a reasonable amount of time, which shall not exceed 12 months.

The provision of telehealth services that includes video communication to a patient at an originating site with the **in-person** assistance of a licensed physician, physician assistant, certified registered nurse practitioner, certified nurse midwife, or other person licensed by the Alabama Board of Nursing shall constitute an in-person visit for this purpose. An LPC or LSW at the originating site does not meet this requirement.



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Mental Health Exemption to the In-Person Req

However, this provision shall not apply to the provision of mental health services as defined in Section 22-50-1, Ala. Code § 34-24-703(f)(5).

Definition of Mental Health Services:

Diagnosis of, treatment of, rehabilitation for, follow-up care of, prevention of and research into the causes of all forms of mental or emotional illness, including, but not limited to, alcoholism, drug addiction, or epilepsy in combination with mental illness or an intellectual disability.



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Declaratory Ruling of April 27, 2023: Provision of Telehealth by Limited Licensees

Question Presented: Where a teaching physician licensed under Ala. Code § 34-24-75(a) engages in telehealth services exclusively on behalf of the employing academic medical center and does not receive reimbursement outside his or her employment with the academic medical center for the service, may the limited licensed teaching physician provide telehealth services to an outside health care facility that has contracted with the academic medical center for those services?



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Declaratory Ruling of April 27, 2023: Provision of Telehealth by Limited Licensees

Answer: A teaching physician licensed under Ala. Code § 34-24-75(a) *may* provide telehealth services to an outside health care facility that has contracted with the teaching physician's employing academic medical center for those services *if* the physician is providing the telehealth services exclusively on behalf of the employing academic medical center and does not receive reimbursement outside of his or her employment with the academic medical center for the services.



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Declaratory Ruling of August 17, 2023: Contrast Injection under Remote Supervision

Question Presented: May a radiologic technologist who holds ARRT certification and registration administer contrast media via an intravenous injection to a patient in Alabama undergoing a Computed Tomography ("CT") or Magnetic Resonance Imaging ("MRI") diagnostic test pursuant to the order of a physician while (a) such radiologic technologist is under the remote supervision of an Alabama-licensed, board-certified radiologist who is virtually present in the office suite through audio/video ("A/V") real-time communications technology that enables the radiologist to be immediately available to furnish assistance and direction throughout the performance of the procedure and (b) an Alabama-licensed Registered Nurse ("RN") is physically present at the facility to accept real-time instructions from the supervising radiologist in order to provide appropriate treatment to the patient in the event patient experiences an adverse reaction to the contrast media?



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Declaratory Ruling of August 17, 2023: Contrast Injection under Remote Supervision

Answer: A radiologic technologist who holds ARRT certification and registration *may* administer contrast media via an intravenous injection to a patient at an originating site in Alabama undergoing a Computed Tomography ("CT") or Magnetic Resonance Imaging ("MRI") diagnostic test pursuant to the order of a physician *only when* (a) such radiologic technologist is under the real-time supervision of an Alabama-licensed, board-certified radiologist who is virtually present in the office suite utilizing synchronous audio and visual real-time communications technology that enables the radiologist to observe, direct, and furnish assistance and direction to the radiologic technologist throughout the performance of the procedure; (b) an Alabama-licensed Registered Nurse ("RN"), Certified Registered Nurse Practitioner ("CRNP"), Physician Assistant ("PA"), or non-radiologist physician who is appropriately trained to treat adverse reactions to contrast media is physically present at the originating site whenever contrast media is being administered by intravenous injection to a patient; (c) the originating site facility's policy and procedures includes a modality for the supervising radiologist to provide real-time instructions to the RN, CRNP, PA, or other physician assigned to treat contrast-media reactions; and (d) the originating site facility is equipped with the emergency supplies, equipment, and drugs necessary to treat a contrast media reaction.



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Frequently Asked Questions #5

Can I initiate controlled substance prescribing via telehealth if I am a MD/DO?

Answer: Yes.

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Section 34-24-704 – Issuance of Legend and Controlled Prescriptions

A prescriber may prescribe a legend drug, medical supplies, or a controlled substance via telehealth if the prescriber is authorized to do so under state and federal law. A prescription for a controlled substance may only be issued via telehealth if:

- (1) The telehealth visit includes synchronous audio or audio-visual communication using HIPAA-compliant equipment with the prescriber;
- (2) The prescriber has had at least one in-person encounter with the patient within the preceding 12 months; and
- (3) The prescriber has established a legitimate medical purpose for issuing the prescription within the preceding 12 months.



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Section 34-24-704 – Issuance of Legend and Controlled Prescriptions

The in-person encounter may be satisfied by the in-person assistance of personnel licensed by the Board of Medical Examiners or Board of Nursing at the originating site when the prescriber is evaluating the patient from a distant site using video communication.

- An LPC or LSW at the originating site does not meet this requirement.



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Declaratory Ruling of June 22, 2023: VA System Clinical Video Telehealth Protocol

Question Presented: Whether the Clinical Video Telehealth (CVT) protocol utilized by the Birmingham VA HealthCare System (BVAHCS) meets the "in-person" requirement found under Ala. Code § 34-24-704(b)(1)b? This provision governs when a controlled substance may be prescribed following a telehealth visit and requires, in pertinent part, the prescriber to have had "at least one in-person encounter with the patient within the preceding 12 months." Ala. Code § 34-24-704(b)(1)b.



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Declaratory Ruling of June 22, 2023: VA System Clinical Video Telehealth Protocol

Answer: The "in-person" requirement found at Ala. Code § 34-24-704(b)(1)b may be satisfied by the in-person assistance of personnel licensed by the Board of Medical Examiners or the Board of Nursing at the originating site when the prescriber is evaluating the patient from a distant site using video communication. Therefore, the Board opines that the CVT protocol is an acceptable approach to meeting the requirement, as stated in Ala. Code § 34-24-704(b)(1)b, for an in-person encounter between a prescriber and the patient to whom a controlled substance is being prescribed if the staff member who is physically present with the patient for the appointment check-in and check-out is a licensee of the Board of Medical Examiners or the Board of Nursing.



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Guidance Letter Issued August 2024

Question Posed to the Board:

"Whether the "in-person" encounter that has been conducted for a patient by an initial prescriber as required under Ala. Code § 34-24-704(b)(1) must be repeated by a subsequent prescriber in order to continue to prescribe that patient a controlled substance via a telemedicine visit within the same 12-month period, when the latter prescriber, like the former, is treating the patient under the auspices of our company and within our offices?"

Answer:

The Board is of the opinion that a subsequent prescriber in the same practice or physician group, of the same or similar specialty as the previous prescriber in that practice group, may continue to prescribe a controlled substance to a patient based upon an "in-person" examination by the previous prescriber.



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Guidance Letter Issued August 2024

Caveats:

- Each provider has full access to the records of the patients they are seeing, including all documentation from any previous encounters with other providers.
- The covering or subsequent prescriber would have full access to the documentation of the "in-person" evaluation that was performed for the same patient with the same condition(s) within the preceding 12 months.
- Protocols are in place for patients who will be seen via telemedicine to continue receiving treatment in the event that their original prescriber is unable to see them.
- The Board acknowledges the apparent conflict between Ala. Code § 34-24-704(b)(1) and established, safe medical practice and issues this guidance as a temporary accommodation.



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Telehealth is a Modality, not a Different Standard of Care

Question: I write controlled substance prescriptions to my patient. Does Federal law require that I see the patient every 30 days?

Answer: No. Neither the CSA nor DEA regulations require a practitioner to see a patient every 30 days. Nonetheless, the CSA and DEA regulations do require that a prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. See 21 CFR 1305.04(a). As DEA has previously stated, "practitioners who prescribe controlled substances must see their patients in an appropriate time and manner so as to meet their obligation to prescribe only for a legitimate medical purpose in the usual course of professional practice and to thereby minimize the likelihood that patients will abuse, or become addicted to, the controlled substances." *Issuance of Multiple Prescriptions for Schedule II Controlled Substances*, 72 FR 64921, 64928 (2007). **EO-DEA093, June 23, 2020**



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Telehealth is a Modality, not a Different Standard of Care

Ala. Code Section 34-24-703(a)

A physician providing telehealth medical services shall owe to the patient the same duty to exercise reasonable care, diligence, and skill as would be applicable if the service or procedure were provided in person. Telehealth medical services shall be governed by the Medical Liability Act of 1987, codified in Sections 6-5-540 through 6-5-552, and shall be subject to the exclusive jurisdiction and venue of the circuit courts of the State of Alabama, regardless of the citizenship of the parties.



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Frequently Asked Questions #6

Can I prescribe controlled substances via telehealth if I am a CRNP/CNM/PA?

Answer: Yes.

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Section 34-24-704 – Issuance of Legend and Controlled Prescriptions

A prescriber may prescribe a legend drug, medical supplies, or a controlled substance via telehealth if the prescriber is authorized to do so under state and federal law. A prescription for a controlled substance may only be issued via telehealth if:

- (1) The telehealth visit includes synchronous audio or audio-visual communication using HIPAA-compliant equipment with the prescriber;
- (2) The prescriber has had at least one in-person encounter with the patient within the preceding 12 months; and
- (3) The prescriber has established a legitimate medical purpose for issuing the prescription within the preceding 12 months.



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Section 34-24-704 – Issuance of Legend and Controlled Prescriptions

The in-person encounter may be satisfied by the in-person assistance of personnel licensed by the Board of Medical Examiners or Board of Nursing at the originating site when the prescriber is evaluating the patient from a distant site using video communication.

- An LPC or LSW at the originating site does not meet this requirement.

Updated QACSC protocols require the physician to collaborate with the QACSC holder every 90 days but only evaluate the patient in-person once a year (may be conducted via telehealth).

Updated LPSP protocols require the physician to see the patient after the initial 90 days.



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Frequently Asked Questions #7

Can I prescribe to my existing patient while they are in another state?

Answer: Probably not.

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Licensure Requirements in Other States

All states require a physician to be licensed in that state in order to practice medicine there. Because most states define the practice of medicine to occur where the *patient* is physically located, if your patient is in another state when the telemedicine visit occurs, you must be licensed in that state unless the state provides for a limited exception.

Florida, Georgia, Tennessee, and Mississippi all require a physician to be licensed in that state to perform a telemedicine visit while a person is in that state. The residency of the person does not alter this requirement.

Florida provides an exception for a true emergency. All four states permit an unlicensed physician to consult with a physician licensed in that state via telehealth, but this consult exception does not permit the unlicensed physician to treat the patient.

Florida issues a free telehealth registration to permit physicians to practice via telehealth only. A holder of this free registration may not issue a prescription for a Schedule II controlled substance.

Georgia issues a telehealth license that prohibits physical practice in GA, chronic pain practice, and the issuance of prescriptions for Schedule II controlled substances.



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Frequently Asked Questions #8

Can an MD/DO prescribe controlled weight loss medications via telemedicine?

Answer: Probably not.

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Ala. Admin. Code R. 540-X-17-.03

(2) A written prescription or a written order for any controlled substance for a patient for the purpose of weight reduction or treatment of obesity shall be signed by the prescribing physician on the date the medication is to be dispensed or the prescription is provided to the patient. If an electronic prescription is issued for any controlled substance for a patient for the purpose of weight reduction or treatment of obesity, the prescribing physician must sign and authorize the transmission of the electronic controlled substance prescription in accordance with federal law and must comply with all applicable requirements for Electronic Prescriptions for Controlled Substances (See 21 CFR Parts 1300, 1304, 1306 and 1311, as amended effective June 1, 2010). Such prescriptions or orders shall not be called in to a pharmacy by the physician or an agent of the physician.

(3) The prescribing/ordering physician shall be present at the facility when he or she prescribes, orders or dispenses a controlled substance for a patient for the purpose of weight reduction or treatment of obesity.



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Ala. Admin. Code R. 540-X-17-.03

(1) Only a doctor of medicine or doctor of osteopathy licensed by the Medical Licensure Commission of Alabama may order, prescribe, dispense, supply, administer or otherwise distribute a controlled substance in Schedule III, IV or V to a person for the purpose of weight control, weight loss, weight reduction, or treatment of obesity, except that a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife may prescribe non-controlled drugs for such purpose. If a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife prescribes non-controlled drugs for weight reduction or the treatment of obesity, the prescriber shall comply with the guidelines and standards of this Chapter which apply to MDs and DOs.



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Section 34-24-705 – Compliance with State and Federal Laws

(a) A physician who provides a telehealth medical service shall comply with all federal and state laws, rules, and regulations applicable to the provision of telehealth medical services, including the Health Insurance Portability and Accountability Act (HIPAA), and shall use devices and technologies in compliance with these laws, rules, and regulations. A physician who provides telehealth medical services shall also take reasonable precautions to protect the privacy and security of all verbal, visual, written, and other communications involved in the delivery of telehealth medical services.



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Section 34-24-705 – Compliance with State and Federal Laws

Requirement to Maintain Medical Records:

- A physician who provides telehealth services must maintain complete and accurate medical records; must have access to the patient's medical records, and must be able to produce records upon demand by the patient, the Board of Medical Examiners, or the Medical Licensure Commission.

Medical Licensure Commission Rule 545-X-4-.08(2)(e):

- (e) Retention and Access by Physicians Practicing Telemedicine. Physicians who practice medicine via telemedicine have the same duty as all other physicians to adhere to these rules relating to medical records. Physicians who provide care via telemedicine must retain access to the medical records which document their delivery of health care services via telemedicine. A physician who is unable to access and produce the medical records documenting his or her practice of medicine via telemedicine upon demand for inspection or review by the Board of Medical Examiners or Medical Licensure Commission shall be in violation of Code of Ala. 1975, §34-24-360(2) and (23).



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Frequently Asked Questions #11

What is the DEA doing with telehealth?

Answer: The FBI, DEA, and HHS have task forces focused on health care fraud. The DEA has rules published for comment addressing telehealth.

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Frequently Asked Questions # 11



PRERELEASE

Founder/CEO and Clinical President of Digital Health Company Arrested for \$100M Adderall Distribution and Health Care Fraud Scheme

Thursday, July 20, 2023

For Immediate Release
Office of Public Affairs

Justice Department's First Criminal Drug Distribution Prosecutions Related to a Digital Health Company That Distributed Controlled Substances Via Telemedicine

"As alleged in the indictment, **the defendants provided easy access to Adderall** and other stimulants by exploiting telemedicine and spending millions on deceptive advertisements on social media. **They generated over \$100 million in revenue by arranging for the prescription of over 40 million pills,**" said Principal Deputy Assistant Attorney General Nicole M. Argentieri, head of the Justice Department's Criminal Division. "These charges are the Justice Department's first criminal drug distribution prosecutions related to telemedicine prescribing through a digital health company. **As these charges make clear, corporate executives who put profit over the health and safety of patients—including by using technological innovation—will be held to account.**"



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Frequently Asked Questions # 11



PRERELEASE

Justice Department Charges Dozens for \$1.2 Billion in Health Care Fraud

Wednesday, July 26, 2023

For Immediate Release
Office of Public Affairs

Nationwide Coordinated Law Enforcement Action to Combat Telemedicine, Clinical Laboratory, and Durable Medical Equipment Fraud

The Department of Justice today announced criminal charges against 36 defendants in 19 federal districts across the United States for more than \$1.2 billion in alleged fraudulent telemedicine, cardiovascular and cancer genetic testing, and durable medical equipment (DME) schemes.

The coordinated federal investigations announced today primarily targeted alleged schemes involving the payment of illegal kickbacks and bribes by laboratory owners and operators in exchange for the referral of patients by medical professionals working with fraudulent telemedicine and digital medical technology companies. **Telemedicine schemes amount for more than \$1 billion of the total alleged intended losses associated with today's enforcement action.** These charges include some of the first prosecutions in the nation related to fraudulent cardiovascular genetic testing, a burgeoning scheme. As alleged in court documents, medical professionals made referrals for expensive and medically unnecessary cardiovascular and cancer genetic tests, as well as durable medical equipment. For example, cardiovascular genetic testing was not a method of diagnosing whether an individual presently had a cardiac condition and was not approved by Medicare for use as a general screening test for indicating an increased risk of developing cardiovascular conditions in the future.



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Frequently Asked Questions # 11



PRERELEASE

National Health Care Fraud Enforcement Action Results in 193 Defendants Charged and Over \$2.75 Billion in False Claims

Thursday, November 16, 2023

For Immediate Release
Office of Public Affairs

The Justice Department today announced the 2023 National Health Care Fraud Enforcement Action, which resulted in criminal charges against 193 defendants, including physicians, nurse practitioners, and other medical professionals in 46 federal districts across the United States, for their alleged participation in various health care fraud schemes involving approximately \$2.75 billion in overbilled claims and \$2.8 billion in actual losses.

Telemedicine and Laboratory Fraud Cases

Thirty-six defendants were charged in connection with the submission of over \$1 billion in fraudulent claims to Medicare resulting from telemedicine schemes. For example, in separate cases involving anti-bribe schemes that were perpetrated by different criminal networks in the Southern District of Texas, Northern District of Texas, and District of New Jersey, **alleged laboratory owners staged and staged telemedicine and lab tests, including to telemedicine companies, in exchange for the referral of orders for unnecessary genetic testing.** The results of these genetic tests—which were supposed to detect genetic mutations that could indicate an elevated risk of cancer, cardiovascular disease, Parkinson's disease, and other serious diseases—were not used in the patient's treatment. Other telemedicine schemes included the unswearing of compliance in the Eastern District of Virginia against a physician who allegedly submitted fraudulent claims based on minimal patient interactions, including for visits that lasted between 10 to 20 minutes. **This coordinated effort is an unprecedented health care fraud scheme involving nationwide referrals to his digital health company to stage and stage schemes, which have and prevent billions of dollars.**

Claims Involving the Broad Prescription and Distribution of Opioids and Other Health Care Fraud Schemes

The other cases announced today charge 14 defendants with crimes related to the illegal prescription and distribution of opioids that resulted in millions in false billings, including several charges against medical professionals and others who prescribed unnecessary opioids, substances, and other controlled substances.



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Frequently Asked Questions # 11

DEA announced 3 new rules to make permanent some temporary telemedicine flexibilities established during the COVID-19 public health emergency while also establishing new patient protections.

- These rules do not apply to telemedicine visits in which a patient has already been seen in-person by a medical provider. Once a patient has had an in-person visit with a medical provider, the medical provider may prescribe any medications through telemedicine indefinitely. Also, if a telemedicine visit does not involve a patient being prescribed medications, then the telemedicine rules do not apply. Patients can always have telemedicine visits with medical providers. These rules only apply if a patient has never been seen in-person by the medical provider and the patient is being prescribed controlled medication.



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Frequently Asked Questions # 11

DEA Rule on Buprenorphine delayed with a new effective date of December 31, 2025.

- Addresses situations where a prescriber is issuing an Rx to a patient to treat OUD by telemedicine where the prescriber has not previously conducted an in-person medical evaluation.
- Prescriber must review the patient's PDMP for the state in which the patient is located during the telemedicine encounter.
- May only prescribe an initial six-month supply of buprenorphine (split amongst several prescriptions totaling six calendar months) through audio-only means.



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Frequently Asked Questions # 11

DEA Rule on Buprenorphine delayed with a new effective date of December 31, 2025.

- Additional prescriptions can be issued under other forms of telemedicine as authorized under the Controlled Substances Act, or after an in-person medical evaluation is conducted.
- The pharmacist must verify the identity of the patient prior to filling a prescription.
- This regulation does not affect practitioner-patient relationships in cases where an in-person medical evaluation has previously occurred.



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Frequently Asked Questions # 11

DEA Rule on Telehealth Registration (Comment period ended March 18, 2025)

The rule proposes to create three types of Special Registration:

- (1) Telemedicine Prescribing Registration, authorizing qualified clinician practitioners to prescribe Schedule III-V controlled substances.
- (2) Advanced Telemedicine Prescribing Registration, authorizing qualified specialized clinician practitioners to prescribe Schedule II-V controlled substances.
- (3) Telemedicine Platform Registration authorizing qualified covered online telemedicine platforms, in their capacity as platform practitioners, to dispense Schedule II-V controlled substances.

The rule also provides heightened prescription, recordkeeping, and reporting requirements.



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Frequently Asked Questions # 11

DEA Rule for Prescribing Controlled Substances within the VA System

- Effective February 18, 2025

- This rule authorizes Department of Veterans Affairs (VA) practitioners acting within the scope of their VA employment to prescribe controlled substances via telemedicine to a VA patient with whom they have **not** conducted an in-person medical evaluation. VA practitioners are permitted to prescribe controlled substances to VA patients if another VA practitioner has, at any time, previously conducted an in-person medical evaluation of the VA patient, subject to certain conditions.



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Resources

Board Website: www.albme.gov

- Rules: <https://www.albme.org/rules.html>
- Practice Issues & Opinions | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)
- Investigations & Misconduct | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)
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