

Alabama State Board of Medical Examiners and Medical Licensure Commission



MEDICALDIGEST

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2022 ANNUAL REPORT

2022-2023 Alabama State Board of Medical Examiners

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A. Medical License Applicants Certified to the Medical Licensure Commission

1. Certificates of Qualification issued	1,622
a. Full MD	1,135
b. Full DO	209
i) Full MD/DO applicants accepting Non-Disciplinary Citation with Administrative Charge	78
c. Temporary Military MD	0
d. Temporary Military DO	1
e. Limited MD	207
f. Limited DO	51
g. Retired Senior Volunteer	3
h. Special Purpose	16

B. Certificate of Qualification Renewals

1. Limited COQ renewal	482
2. Retired Senior Volunteer renewal	6

C. Interstate Medical Licensure Compact

1. Letters of Qualification issued to other states	146
2. Letters of Qualification denied/withdrawn	27
3. State of Principal Licensure redesignation	7

D. Alabama Controlled Substances Certificate

1. New certificates issued	1,390
2. Expired certificates reissued	313
3. Certificates renewed	13,148

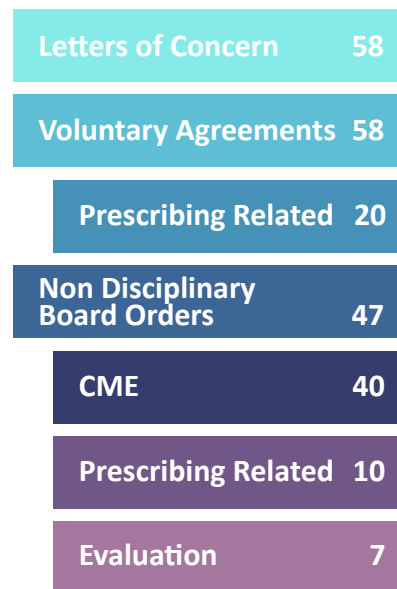
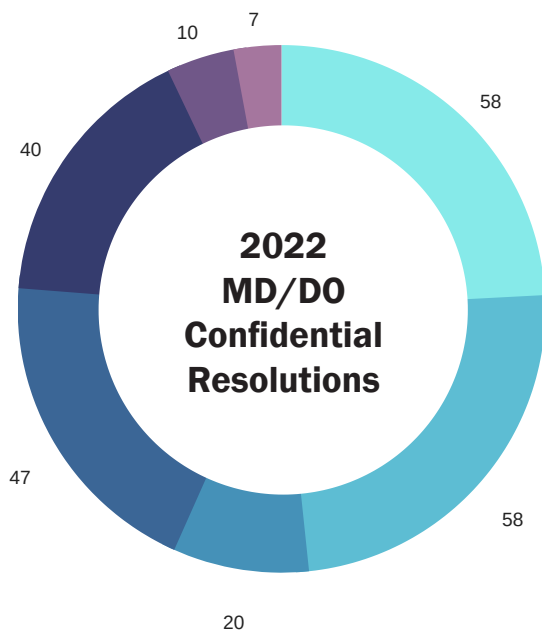
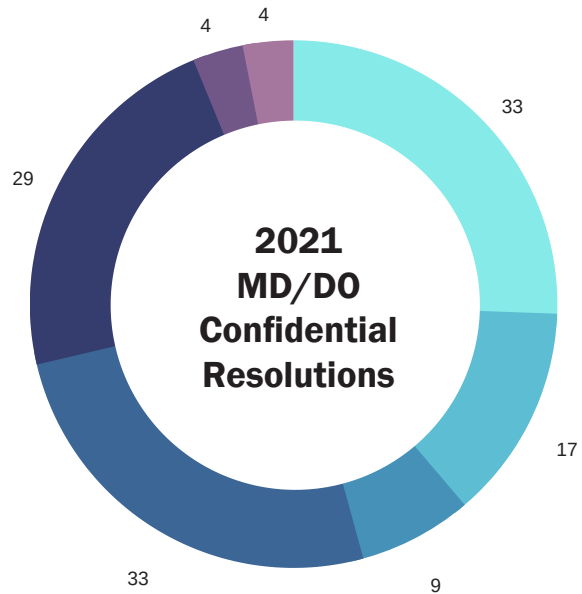
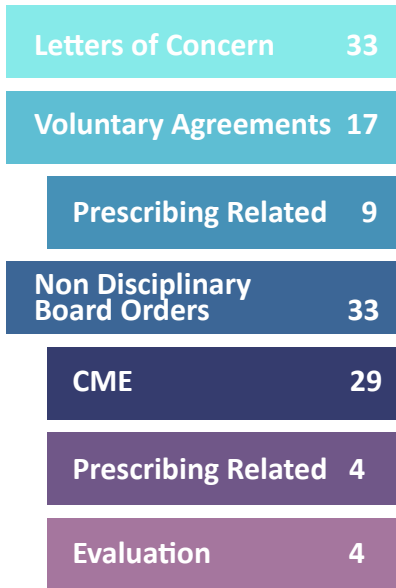
E. Pain Management Services

1. New registrations issued	65
a. Initial location	57
b. Additional locations	8
2. Expired registrations issued	6
a. Initial location	4
b. Additional locations	2
3. Registrations renewed	502
a. Initial location	422
b. Additional locations	80

F. Physician Assistants (PA)

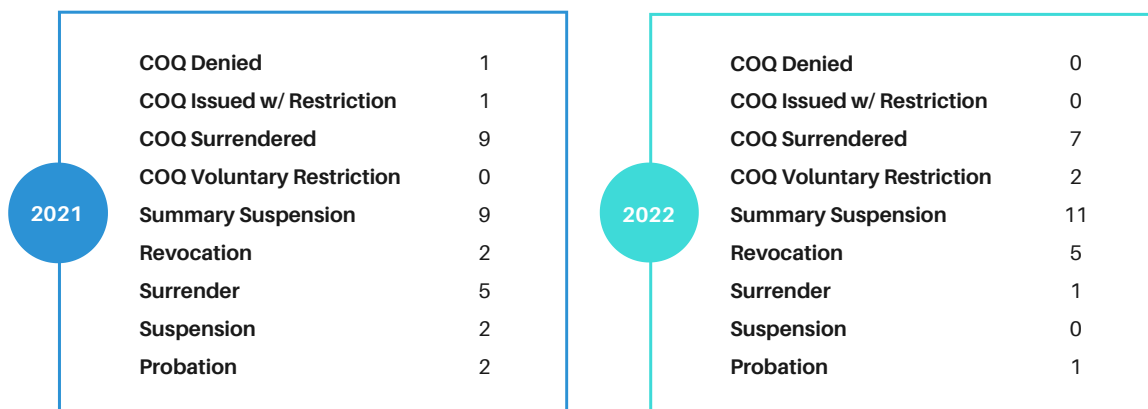
1. New physician assistant licenses issued	198
2. Physician assistants granted temporary license	10
a. Temporary PA licenses converted to full license	9
3. Temporary military physician assistant licenses issued	2
a. Temporary military PA license converted to full license	1
4. Expired physician assistant licenses reissued	20

5. Physician assistant licenses renewed	1,285
6. Physician assistants registered to physicians (New)	448
7. Total physician assistant registrations	1,290
8. PA Qualified Alabama Controlled Substances Certificates issued	43
9. Expired PA Qualified Alabama Controlled Substances Certificates reissued	3
10. PA Qualified Alabama Controlled Substances Certificates renewed	180
11. PA Limited Purpose Schedule II Permits issued	34
12. Expired PA Limited Purpose Schedule II Permits reissued	0
13. PA Limited Purpose Schedule II Permits renewed	141
G. Anesthesiologist Assistants (AA)	
1. Anesthesiologist assistant licenses issued	8
2. Anesthesiologist assistant granted temporary license	0
a. Temporary AA licenses converted to full license	0
3. Expired Anesthesiologist assistant licenses reissued	1
4. Anesthesiologist assistant licenses renewed	32
5. Anesthesiologist assistant registered to physicians (New)	11
6. Total anesthesiologist assistant registrations	24
H. Advanced Practice Nurses (CRNP/CNM)	
1. Collaboration registrations issued	3,183
2. Number of physicians in collaboration	3,841
3. APN Qualified Alabama Controlled Substances Certificates issued	389
4. Expired APN Qualified Alabama Controlled Substances Certificates reissued	11
5. APN Qualified Alabama Controlled Substances Certificates renewed	1,138
6. APN Limited Purpose Schedule II Permits issued	215
7. Expired APN Limited Purpose Schedule II Permits reissued	12
8. APN Limited Purpose Schedule II Permits renewed	723
9. Collaborative and supervisory practice audits/educational site visits	62
10. Collaborative and supervisory practice compliance seminars	4
11. Collaborative and supervisory practice mini-seminars	6
I. Collaborative Pharmacy Practice	
1. Collaboration registrations issued	4
J. Enforcement Issues	
1. Enforcement issues pending review prior to 2022	5
a. Issues resolved without formal investigation	2
b. Issues referred for formal investigation/Resolved	3
2. Formal investigations pending prior to 2022	301
a. Correction from 2021 of duplicate case number	1
b. Investigations resolved	236
c. Investigations pending resolution	64
3. Enforcement issues 2022	416
Prescribing related	57
a. Issues resolved without formal investigation	46
b. Issues referred for formal investigation/Resolved	136
c. Issues referred for formal investigation/Pending	171
d. Issues referred for other resolution	61
e. Issues pending review	2
4. All formal investigations and issues pending resolution (2c; 3c; 3e)	237



K. Disciplinary / Confidential Actions	
1. ACSC temporary suspension	4
a. Probation	2
b. Surrender	2
2. ACSC surrender	11
3. ACSC probation	3
4. ACSC reinstated after surrender	1
5. ACSC restrictions modified	1
6. Certificate of Qualification denied	0
7. Certificate of Qualification issued with agreement or restriction	9
8. Certificate of Qualification surrendered	10
9. Physician assistant licenses denied	1
10. Physician assistant licenses disciplined	3
11. Anesthesiologist assistant licenses disciplined	1
12. Voluntary Agreements	29
Prescribing related	11

MD/DO Disciplinary Actions

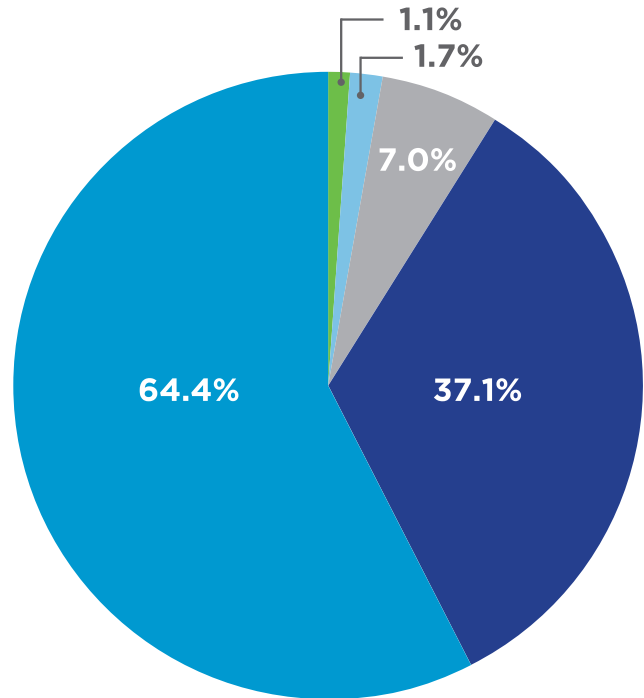


13. Voluntary Agreements amended	1
14. Voluntary Agreements terminated	6
15. Voluntary Restriction on Certificate of Qualification	3
16. Voluntary Restriction on Certificate of Qualification amended	1
17. Voluntary Restriction on Certificate of Qualification terminated	4
18. Licensees' files flagged	7
19. ABME Physician Monitoring Program – Licensees currently monitored	245
20. ABME Physician Monitoring Program – Licensees monitored since 1990	1,982
21. Non-disciplinary Board Orders	47
a. Continuing Medical Education	40
Prescribing related	10
b. Evaluation	7
22. Interviews Conducted	40
23. Letters of Concern	58
Prescribing related	20
24. Cases sent for expert review	4
25. Administrative Complaints filed with the Medical Licensure Commission	64
26. Administrative Complaints with Petition for Summary Suspension of Medical License filed with the Medical Licensure Commission	8
a. Revocation	3
b. Surrender	2
c. Voluntary Agreement	1
d. Hearing Pending	2
27. Notice of Intent to Contest Reinstatement Filed with the Medical Licensure Commission	5
28. Administrative Fines Assessed (ABME - 11 and MLC - 60)	71
29. Administrative Costs Assessed (ABME – 2 and MLC - 4)	6



**AREA OF PRACTICE
MAJORITY OF LICENSE RENEWAL**

- Telemedicine
- Direct Patient Care
- Other/Administrative
- Teaching
- Research



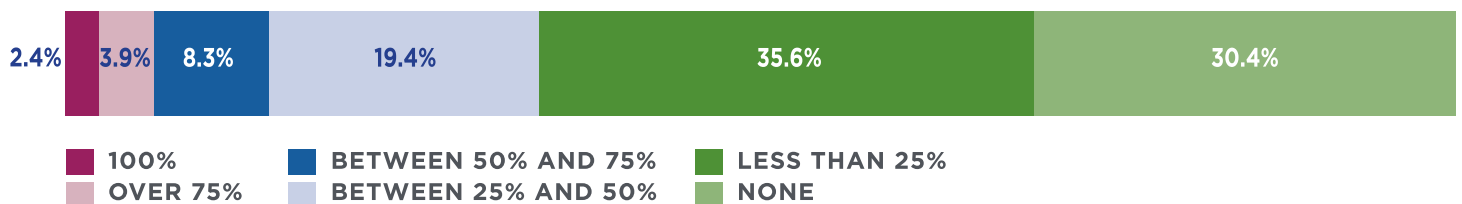
IMLC LICENSE PROCESS

DID YOU FIND THE IMLC LICENSE PROCESS BENEFICIAL?

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
65.4%	26.8%	7.1%	0.5%	0.3%

RURAL OR UNDERSERVED

PERCENTAGE OF LICENSES THAT ARE RENEWED SO THAT THE PHYSICIAN CAN PROVIDE SERVICES IN RURAL OR UNDERSERVED AREAS



The survey results are based on self-reported information provided by 5,685 physicians on 24,155 renewal applications submitted between August 2020 and October 2022.

Please contact the IMLCC Executive Director at imlccexecutivedirector@imlcc.net with questions.



We ran this article two years ago. Unfortunately, physicians continue to become involved in questionable or outright fraudulent telemedicine schemes. Physicians, you must protect your license from telemedicine companies that will steal your NPI number, sell prescriptions, and bill Medicare in your name for a patient that you never even saw. Don't become a victim of these predatory companies.

If you are offered employment by a company that specializes only in ED medications, for example, or only DME, or only compounded creams, run the other way. Chances are they are not legitimate. The U.S. Department of Health and Human Services Office of the Inspector General recently shared seven red flags to watch for when entering arrangements with purported telemedicine companies:

1. The patients for whom a Practitioner orders or prescribes items or services are identified or recruited by a Telemedicine Company, sales agent, recruiter, call center, or health fair, and/or through internet, television, or social media advertising for free or low-cost out-of-pocket items or services.
2. A Practitioner does not have sufficient contact with or information from the purported patient to meaningfully assess the medical necessity of the items or services ordered or prescribed.
3. A Telemedicine Company compensates a Practitioner based on the volume of items or services ordered or prescribed, which may be characterized to the Practitioner as compensation based on the number of medical records that the Practitioner reviewed.
4. A Telemedicine Company furnishes items and services only to federal healthcare program beneficiaries and does not accept insurance from any other payor.
5. A Telemedicine Company claims to furnish items and services only to individuals who are not federal healthcare program beneficiaries but may, in fact, bill federal healthcare programs.
6. A Telemedicine Company only furnishes one product or a single class of products (e.g., durable medical

equipment, genetic testing, diabetic supplies, or various prescription creams), potentially restricting a Practitioner's treatment options to a predetermined course of treatment.

7. A Telemedicine Company does not expect Practitioners to follow up with patients, nor does it provide Practitioners with the information required to follow up with patients (e.g., the Telemedicine Company does not require Practitioners to discuss genetic testing results with each purported patient).

The Board and Commission join the OIG in warning physicians about these illegal schemes. Often, once the illegal activity comes to the attention of insurance companies or law enforcement, the telehealth company folds, declares bankruptcy, and moves elsewhere, leaving the physicians with possibly career-ending liability and investigations into their medical practices.

Be aware of telemedicine scams

(edited; first run in the Spring 2021 Medical Digest)

With the COVID-19 pandemic, conventional healthcare experienced radical, rapid changes in the provision of telehealth. State and federal governments lifted multiple restrictions to promote a safer alternative to in-person healthcare with its attendant risks of COVID-19 and other disease transmission. This resulted in benefits for both the patient and the physician, improving safer access for patients and allowing for closer follow-up. However, with new opportunities for physicians and patients came expanded opportunities for fraud.

With the advent of telemedicine, the first big scams occurred when some unscrupulous companies discovered a way to charge third-party payors for prescriptions to patients who never had an encounter with a physician, via telehealth or otherwise. A physician would "review charts" and determine whether already written prescriptions were appropriate for the patients, which were then submitted and reimbursed at astronomical rates. Patients often were tricked into giving out Medicare information, never asked for any of the products offered, and had no contact whatsoever with the prescribing physician. Medicare eventually caught on to this scheme as multiple whistleblowers alerted them. The physicians were charged with healthcare fraud for prescribing unnecessary medications and prescribing medications without having seen the patient.

Physicians must be vigilant against potential fraudulent actors that drain financial resources and can harm patients. In particular, be aware that in most cases, there must be direct patient interaction via audio/video prior to considering any treatment or prescriptions. A telephone conversation or an online questionnaire is not sufficient for quality of care and, perhaps unknowingly, opens the door to committing serious fraud.

DEA Releases Information on New Training Requirement

Drug Enforcement Administration (DEA) letter: https://deaddiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

Contents of DEA letter:

Dear DEA Registered-Practitioners

On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of patients with opioid or other substance use disorders. Below is information on this new requirement.

Who is responsible for satisfying this new training requirement?

- All DEA-registered practitioners, with the exception of practitioners that are solely veterinarians.

How will practitioners be asked to report satisfying this new training requirement?

- Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form—regardless of whether a registrant is completing their initial registration application or renewing their registration—affirming that they have completed the new training requirement.

What is the deadline for satisfying this new training requirement?

- The deadline for satisfying this new training requirement is the date of a practitioner's next scheduled DEA registration submission—regardless of whether it is an initial registration or a renewal registration—on or after June 27, 2023.
- This one-time training requirement affirmation will not be a part of future registration renewals.

How can practitioners satisfy this new training requirement?

There are multiple ways that practitioners can satisfy this new training requirement.

- First, the following groups of practitioners are deemed to have satisfied this training:
 1. Group 1: All practitioners that are board certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association.
 2. Group 2: All practitioners that graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023, and successfully completed a comprehensive curriculum that included at least eight hours of training on:
 3. Treating/managing patients with opioid/other substance use disorders, including the appropriate clinical use of all drugs approved by the FDA for the treatment of a substance use disorder; or
 4. Safe pharmacological management of dental pain, screening/brief intervention/referral of patients .
- Second, practitioners can satisfy this training by engaging in a total of eight hours of training on treatment and management of patients with opioid or other substance use disorders from the groups listed below. A few key points related to this training:
 1. The training does not have to occur in one session. It can be cumulative across multiple sessions that equal eight hours of training.
 2. Past trainings on the treatment and management of patients with opioid or other substance use disorders can count towards a practitioner meeting this requirement. In other words, if you received a relevant training from one of the groups listed below— prior to the enactment of this new training obligation on December 29, 2022—that training counts towards the eight-hour requirement.
 3. Past DATA-Waived trainings count towards a DEA registrant's 8-hour training requirement.
 4. Trainings can occur in a variety of formats, including classroom settings, seminars at professional society meetings, or virtual offerings.

What accredited groups may provide trainings that meet this new requirement?

- The American Society of Addiction Medicine (ASAM)
- The American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- The American Osteopathic Association (AOA), or any organizations accredited by the AOA to provide continuing medical education
- The American Dental Association (ADA)
- The American Association of Oral and Maxillofacial Surgeons (AAOMS)
- The American Psychiatric Association (APA)
- The American Association of Nurse Practitioners (AANP)
- The American Academy of Physician Associates (AAPA)
- The American Nurses Credentialing Center (ANCC)

continued on page 11...

The Physician-Patient Relationship

The duty of the physician is to provide competent, compassionate, and economically prudent care to all his or her patients. Whatever the health care setting, the Board holds that the physician's fundamental relationship is always with the patient, just as the Board's relationship is always with the individual physician. Having assumed care of a patient, the physician may not neglect that patient nor fail for any reason to prescribe the full care that the patient requires in accordance with the standards of acceptable medical practice.

It is unethical and unprofessional for a physician to allow financial incentives or contractual ties of any kind to adversely affect his or her medical judgment or practice care. Any act by a physician that violates or may violate the trust a patient places in the physician places the physician-patient relationship at risk. This is true whether such an act is entirely self-determined or the result of the physician's contractual association with a healthcare entity.

The interests and health of the people of Alabama are best served when the physician-patient relationship remains inviolate. The physician who puts the physician-patient relationship at risk also puts his or her relationship with the Board in jeopardy.

A license to practice medicine grants the physician privileges and imposes great responsibilities. The people of Alabama expect a licensed physician to be competent and worthy of their trust. As

patients, they come to the physician in a vulnerable condition, believing the physician has knowledge and skill that will be used for their benefit.

Patient trust is fundamental to the relationship thus established. It requires the following:

- Adequate communication between the physician and the patient;
- No conflict of interest between the patient and the physician or third parties;
- Intimate details of the patient's life shared with the physician must be held in confidence;
- The physician must maintain professional knowledge and skills;
- There must be respect for the patient's autonomy;
- The physician must be compassionate;
- The physician must be an advocate for needed medical care, even at the expense of the physician's personal interests; and
- The physician must provide neither more nor less than the medical problem requires.



The interests and health of the people of Alabama are best served when the physician-patient

relationship, founded on patient trust, is considered sacred, and when the elements crucial to that relationship and to that trust -- communication, patient privacy, confidentiality, competence, patient autonomy, compassion, selflessness, and appropriate care -- are foremost in the hearts, minds, and actions of the physicians licensed by the Board.

This same fundamental physician-patient relationship also applies to Physician Assistants and Anesthesiologist Assistants.



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• Any other organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) or the Commission for Continuing Education Provider Recognition (CCEPR), whether directly or through an organization accredited by a State medical society that is recognized by the ACCME or CCEPR

• Any other organization approved or accredited by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR

We hope this information is helpful. For information regarding the DEA Diversion Control Division, please visit www.DEAdiversion.usdoj.gov. If you have any additional questions on this issue, please contact the Diversion Control Division Policy Section at (571) 362-3260.

REPORT OF PUBLIC ACTIONS OF THE MEDICAL LICENSURE COMMISSION AND BOARD OF MEDICAL EXAMINERS

January 2023

- Jan. 3 - Olamide A. Alakija, MD (MD.45669), Selma - a voluntary license restriction was entered in connection with the application.
- Jan. 25 - Oscar D. Almeida, Jr., MD (MD.12933), Mobile - the request to lift probation was denied.
- Jan. 25 - Jeffrey Coykendall, MD (MD.42202), Center Point - the restrictions on the license will be removed contingent upon removal of the restrictions on the certificate of qualification.
- Jan. 31 - Jessica M. Saucier, PA (PA.2124), Orange Beach - practice is limited to a single location.

- Feb. 22 - Tarik Y. Farrag, MD (MD.32237), Panama City FL - the license is temporarily suspended pending a hearing.
- Feb. 22 - Emmanuel O. Odi, MD (MD.24167), Birmingham - the license is temporarily suspended pending a hearing.
- Feb. 22 - Aaron A. H. Ramirez, MD (MD.42155), Grove Hill - the license is temporarily suspended pending a hearing.
- Feb. 28 - Oscar D. Almeida, Jr., MD (MD.12933), Mobile - the license is voluntarily surrendered.

March 2023

February 2023

- Feb. 9 - Rao Rama Meka, MD (MD.13044), Auburn - collaborative practice is temporarily suspended pending a hearing.
- Feb. 9 - Viplove Senadhi, DO (DO.1453), Montgomery - collaborative practice and office-based surgery registration are temporarily suspended pending a hearing.

- Mar. 6 - Jeffrey Coykendall, MD (MD.42202), Birmingham - the voluntary restriction is terminated.
- Mar. 22 - David B. Marks, MD (MD.46093), Mobile - practice is limited to residency program.
- Mar. 27 - Nefertiti H. Durant, MD (MD.27640), Birmingham - license is temporarily suspended pending a hearing.

An Interstate Medical Licensure Compact (IMLC) survey of physicians shows that a majority of physicians who obtained a license through the IMLC practice telemedicine (64.4% of respondents). The next largest area is direct patient care at 37.1%. Most survey respondents (92.2%) strongly agreed or agreed that the IMLC process was beneficial, with only 0.8% disagreeing or strongly disagreeing and 7.1% neutral. About one-third of respondents stated they renewed their licenses through the IMLC to provide services in rural or underserved areas as between 100 and 25% of their practice.



Alabama State Board of Medical Examiners
Alabama Medical Licensure Commission

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Upcoming BME Meeting Dates

Apr 27 & 29 • May 18 • Jun 15

The public portion of each meeting is scheduled for 10 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL.

Meeting agendas and a full list of meeting dates and times can be found online at www.albme.gov.

Upcoming MLC Meeting Dates

April 17 & 28 • May 24 • Jun 28

Meetings are held in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL unless otherwise indicated.

Have questions or need assistance?

Alabama Board of Medical Examiners (334) 242-4116

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Questions? Please contact the Board of Medical Examiners at (334) 242-4116.