



# MEDICALDIGEST

Winter 2024 | [www.albme.gov](http://www.albme.gov)

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## 2023-2024 Alabama State Board of Medical Examiners

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## ALBME POLICY ON CYBER HARASSMENT

It is the position of the Alabama State Board of Medical Examiners (“the Board”) that cyber harassment by a licensee constitutes unprofessional conduct.

The Board condemns all forms of harassment. The rising number of incidents of licensees using electronic means, including social media, texting, and email, to harass or intimidate another person requires acknowledgement by the Board.

The Board does not intend to review or regulate all online conduct by its licensees. However, any person who uses his or her status as a physician, physician assistant, or anesthesiology assistant, either express or implied, their professional network, or any information, knowledge, or instrumentality gained from his or her professional practice to harass or intimidate another person is guilty of professional misconduct.

Harassing or intimidating conduct includes, but is not limited to: doxing, mobbing, swatting, flaming, review bombing, cyberstalking, bullying, shaming, and dogpiling.

Such behavior violates the high standards of honesty, diligence, prudence, and ethical integrity demanded from physicians, physician assistants, and anesthesiologist assistants licensed in the State of Alabama.

# MLC WELCOMES NEW BOARD MEMBER

## NINA P. NELSON-GARRETT, MD



The Medical Licensure Commission is pleased to introduce its newest member, Nina P. Nelson-Garrett, MD. Dr. Nelson-Garrett is a gastroenterologist practicing in Montgomery, Alabama. She has over 33 years' experience in the medical field. She spent her formative years in Jackson, Mississippi. She completed a double major in Molecular Biology and Classical Studies at Vanderbilt University. Dr. Garrett went to medical school at the University of Texas Health Sciences Center at Houston. She then completed a Residency in Internal Medicine and Fellowship in Gastroenterology at Emory University in Atlanta in 1995. Following training, Dr. Garrett practiced in Little Rock, AR, Jackson, MS and Baltimore, MD. She joined Capital City Gastroenterology in 2007.

### CLOSING A PRACTICE

#### MEDICAL RECORDS AND PATIENT NOTIFICATION

Our Medical Records webpage contains information about retaining medical records and notifying patients.

#### NOTIFICATION TO THE BOARD AND COMMISSION

When licensees retire or stop practicing medicine in Alabama, they do not have to notify us. They do have to provide a change of practice address within 15 days of the change. Licensees can make address or other demographic changes using the Licensee Portal.

#### LICENSE STATUS OPTIONS

The following license status options are available:

##### ACTIVE

Earn the required continuing medical education and renew license.

##### INACTIVE

Do not renew the license and allow it to go inactive.

##### Reinstatement

- To reinstate an inactive license, download and return a reinstatement application.
- The cost to reinstate is up to \$850, depending on when you were last active.
- Requirements:
  - Criminal background check with fingerprinting (\$65 fee).
  - Twenty-five Category 1 or

equivalent CME credits earned in the previous 12 months.

- Applicants out of clinical practice for two years or more may have to enter a reentry agreement. See Board Rules, Chapter 540-X-23 for more information.

##### ACTIVE WITH RESTRICTION DUE TO RETIREMENT

Some retired physicians want to keep an active license but do not practice medicine or prescribe any drugs.

These physicians may request a waiver from the CME requirement for license renewal.

To request a retirement exemption, complete and return a Request for Retirement Waiver.

This is not a disciplinary status and is not reported to the National Practitioner Data Bank.

# ODDS ARE ALABAMA A WARNING FOR THE STATE

Every day, more than 150 people in the U.S. die from overdoses related to synthetic opioids like fentanyl...and many people still don't understand the dangers. Odds Are Alabama is a year-long campaign spearheaded by several statewide organizations to bring awareness to the prevalence and the dangers of the illicit use of fentanyl. The initiative will not only heighten awareness of the dangers of fentanyl, but will also share critical information regarding help for those with substance use disorders and information about medication that can reverse an overdose and strips to test drugs for fentanyl.

- A deadly dose of fentanyl is equivalent to a few grains of salt.
- Fentanyl is frequently added to other drugs like Xanax, Adderall and even marijuana to hook customers on the first dose and keep them coming back for more. Since it takes such a small dose of fentanyl to be deadly, just one improperly made joint or pill can take a life.
- 6 out of 10 fentanyl-laced fake prescription pills tested in a DEA lab study in 2022 contained a potentially lethal dose of fentanyl.
- From January 2020 to January 2022, overdose deaths involving synthetic opioids like fentanyl rose nearly 53 percent in the U.S.

## What can you do to help:

- Share this information with your friends and family. The more people who know about the incredible risks they are taking, the more opportunities to save lives.
- [Order your free](#) naloxone kit and fentanyl test strips and encourage others to do the same, particularly if you are ever around individuals who might be experimenting with or using street drugs. If administered immediately after an overdose, naloxone can block the effects of the drug and help prevent death.
- If you have been impacted by fentanyl, or know someone who has been, consider sharing the story. We believe these real-life examples will have the biggest impact of all. Visit our website (type in browser or click [www.vitalalabama.com/odds-are-help](http://www.vitalalabama.com/odds-are-help)) for information on how to submit photos, videos, stories, etc.

ODDS  
/ ARE

## Campaign sponsors include:

- Alabama Chapter of the Academy of Pediatrics
- Alabama Chapter of the College of Emergency Physicians
- Alabama Department of Mental Health
- Alabama Department of Public Health
- Alabama Hospital Association
- Blue Cross and Blue Shield of Alabama
- Medical Association of the State of Alabama
- Scout Branding Company
- VitAL Alabama

Visit [www.OddsAreAlabama.org](http://www.OddsAreAlabama.org) for more information and follow @vitalalabama on Instagram and Facebook for updates!



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# 2024 STOP JUDGING; START HEALING STIGMA SUMMIT



- January 17: **Huntsville** - Jackson Center
- January 18: **Prattville** - Capitol Hill Marriott
- January 22: **Tuscaloosa** - Bryant Conference Center
- January 23: **Birmingham** - Hyatt Regency - The Wynfrey
- January 24: **Mobile** - Riverview Renaissance
- January 29: **Opelika** - Grand National Marriott
- January 30: **Dothan** - Wiregrass Safety Training Center

\$35 full day, breakfast & lunch included  
8:45 a.m. - 4:00 p.m.  
6 hours of instruction available



Registration opens  
September 1, 2023

Check  
[VitalAlabama.com/  
training-events](https://VitalAlabama.com/training-events) for  
more details



## DECLARATORY RULING OF THE ALABAMA STATE BOARD OF MEDICAL EXAMINERS

On June 16, 2022, the Alabama State Board of Medical Examiners (“BME”) considered an investigation concerning the operation of certain wellness clinics offering to administer intravenous (“IV”) medications to persons for a fee. The BME issues this declaratory ruling pursuant to Ala. Code § 41-22-11 and Ala. Admin. Code R. 540-X-1-.10 to clarify what practices constitute the practice of medicine or osteopathy under Ala. Code § 34-24-50.

### FACTS PRESENTED

On July 21, 2021, the BME began a state-wide investigation into businesses providing IV therapy (“retail IV therapy businesses”). On September 21, 2021, BME investigators visited ten (10) retail IV therapy businesses. These businesses were selected to provide geographic representation of the state. Each business was presented with a standard questionnaire for business personnel to answer in addition to a subpoena requiring the production of documents, to include the identity of any licensed healthcare personnel working for the business and medical records showing the provision of IV therapy to patients.

On June 16, 2022, the BME considered

the information gained from this investigation. The retail IV therapy business model is growing in Alabama; however, no rules or regulations directly guide their operation. A business entity can own and operate a retail therapy business and often does. The core business is the offering to walk-in patients of a menu of pre-selected mixtures (“cocktails”) of additives to basic IV saline. The cocktails include amino acids, vitamins, minerals, and some prescription drugs like Pepcid, Toradol, and Zofran. They are sometimes marketed with catchy names and are offered to patients for the treatment of conditions such as dehydration, migraine relief, hangover recovery, nausea relief, athletic recovery, appetite regulation, and inflammation support. Basic health screening occurs prior to the selection and administration of the IV. While a physician may be associated with the business, he or she is usually not on the premises. Instead, a retail IV therapy business uses a physician’s National Practitioner Identification (“NPI”) number to acquire the IV supplies and additives, and the physician will issue “standing orders” directing the administration of IVs. The actual patient encounter, evaluation, diagnosis,

formulation of the treatment plan, and administration of the IV occurs without the physician’s input. In certain instances, a registered nurse (“RN”) may be the only licensed health care professional interacting with the patient. In other instances, the BME found that chiropractors were involved with the diagnosis, recommendation, and administration of the IVs. The BME received records for one adverse event involving an individual who had suffered a stroke soon after the individual returned home from receiving an IV.

In a substantial number of cases, the retail therapy business was functioning and treating patients in such a manner wherein unqualified or underqualified individuals were operating the business. Representatives from several of the retail IV therapy businesses that were surveyed requested guidance from the BME to clarify the legality of the operations.

### QUESTIONS PRESENTED

- (1) May a person other than a licensed physician diagnose, treat, correct, advise, or prescribe intravenous fluid or medication to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, whether real or imaginary?
- (2) May a person other than a licensed physician maintain an office or place of business for the purpose of diagnosing, treating, correcting, advising, or prescribing intravenous fluid or medication to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, whether real or imaginary?

### ANSWER

Only the following individuals may diagnose, treat, correct, advise, or prescribe intravenous medication to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, whether real or imaginary: (1) a physician licensed under Article 3 of Chapter 24 of Title 34, (2) an assistant to physician (“PA”) licensed under Article 7 of Chapter 24 of Title 34 and practicing pursuant to a

registration agreement with a licensed physician, or (3) a certified registered nurse practitioner (“CRNP”) or certified nurse midwife (“CNM”) licensed under Article 2 of Chapter 21 of Title 34 practicing pursuant to a collaboration agreement with a licensed physician. Any person who maintains an office or place of business for the purpose of diagnosing, treating, correcting, advising, or prescribing intravenous medication to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, whether real or imaginary, is engaged in the unlawful practice of medicine unless said person (1) employs a physician or a physician and a PA, CRNP, or CNM working within a registration agreement or collaboration with that physician; and (2) the physician or his or her PA, CRNP, or CNM exercises in fact exclusive authority to diagnose, treat, correct, advise, or prescribe intravenous medication to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, whether real or imaginary.

## DISCUSSION

The IV therapy retail business model varies in Alabama. Some models comply with Alabama law, but others do not. The BME has received inquiries from business owners who operate IV clinics requesting clarification. This ruling is intended to clarify the application of state laws and regulations to the administration of IV therapy within the context of a retail or “on-demand” business setting.

Retail businesses offering IV therapy were typically found to operate by offering patients a menu of pre-selected mixtures (“cocktails”) of additives to basic IV saline, including amino acids, vitamins, minerals, and some prescription drugs like Pepcid, Toradol, and Zofran. These cocktails are sometimes marketed with catchy names and are offered to patients for the treatment of conditions such as dehydration, migraine relief, hangover recovery, nausea relief, athletic recovery, appetite regulation, and inflammation support. Commonly, a

patient enters the business and reviews a menu of treatment options. He or she completes a health questionnaire and is evaluated by an RN. This employee may use diagnostic tools to measure the patient’s pulse oximetry, heart rate, and blood pressure. The RN evaluates the patient’s answers to the health questionnaire, which is designed to elicit the patient’s health history, current medications, and allergies. With this information in hand, the RN will discuss the patient’s current symptoms and treatment goals and recommend an IV cocktail, along with any additives that may be indicated. The RN makes the recommendations with the assistance of standing orders prepared by a physician. The RN then mixes the IV bag according to his or her recommendations and the patient’s selection and administers the IV therapy. The RN remains with the patient to assess the patient’s treatment and observe any complications. Once the IV therapy is complete, the RN removes the IV catheter and applies a dressing. The patient is then discharged.

Under Ala. Code § 34-24-50, the “practice of medicine or osteopathy means (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;” and (2) “to maintain an office or place of business for the purpose of doing acts described in subdivision (1), whether for compensation or not.” It is a Class C felony for a person to practice medicine or osteopathy without a certificate of qualification issued by the BME and without a license and certificate of registration issued by the Medical Licensure Commission of Alabama. See Ala. Code § 34-24-51. It is also violation of state law for a physician to aid or abet the unlicensed practice of medicine. See Ala. Code § 34-24-360(13). Each of these prohibitions is implicated by some of the practices observed by the BME’s investigators.

First, the diagnosis of the patient’s condition and the recommendation

of IV therapy constitutes the practice of medicine. This act is outside the scope of practice for an RN. See Ala. St. Bd. of Med. Examiners Opinion 1-0399 March 23, 1999 (“only the physician has the authority to make the decision to provide medication, by injection or otherwise, to a patient”). The discussion with the patient and recommendation of an IV and the additives to the IV, including the “cocktails” and prescription drugs, are also outside the scope of practice of an RN. Only a licensed physician, or a PA, CRNP or CNM legally practicing with a physician, may diagnose a patient, assess his or her symptoms, and recommend an IV for the treatment of the patient’s condition.

While some retail IV therapy businesses have a physician owner, co-owner, investor, or associate, the physician in most instances does not actually evaluate the patient. Instead, a physician or CRNP may be on staff or “available,” but absent some affirmative action by the patient, the RN will treat the patient. The issuance of “standing orders” by the physician for the RN to follow does not satisfy the physician’s legal duties to the patient. Instead, this “standing order” model creates a situation in which the physician is aiding and abetting the practice of medicine by the RN, in violation of Ala. Code § 34-24-360(13).

Indeed, the “standing order” model not only violates Alabama law relating to the unauthorized practice of medicine, but it also implicates the Alabama Pharmacy Act. Physicians are generally authorized to dispense prescription medications. See Declaratory Ruling of the Ala. St. Bd. of Med. Examiners for the Jefferson County Department of Health (October 2020). Under Ala. Code § 34-23-11, nothing in the Alabama Pharmacy Practice Act “shall prevent any licensed practitioner of the healing arts from personally compounding, dispensing, administering, or supplying to his or her patients drugs and medicines for their use.” (Emphasis added). This section “clearly exempts duly licensed physicians from the coverage

of Chapter 23 . . . and furthermore expressly permits” the activities of dispensing, administering, or supplying drugs and medicines for the use of a physician’s patients. See Ala. Op. Att’y. Gen. No. 83-00393 (July 18, 1983) (emphasis added). A “licensed practitioner of the healing arts” includes a physician licensed to practice medicine or osteopathy in Alabama. See Ala. Op. Att’y. Gen. No. 96-00263 (July 12, 1996) (concluding that “a licensed physician” is a “practitioner” exempted from the requirements of the Alabama Pharmacy Practice Act under Ala Code § 34-23-11). In the cases surveyed by the BME, the physician’s NPI was typically used to order the medical supplies, medications, and additives. The retail IV therapy businesses are exploiting the exception to the Alabama Pharmacy Act by using the physician’s NPI to obtain medical supplies from a pharmacy. In these instances, the physician is representing to the pharmacy that he or she is legally permitted to possess the supplies, and that he or she will dispense them to his or her patients. However, a physician’s acquisition and dispensing authority is limited to medical supplies obtained and personally compounded and dispensed by the physician for the use of his or her patients. See Ala. Code § 34-23-11.

Nonetheless, this personal compounding, administering, or dispensing of medical supplies obtained by the physician to his or her patients is rarely happening. Instead, in instances where the RN alone sees the patient, there is no physician-patient relationship. BME rules generally require the examination of the patient by the physician prior to prescribing a drug or medication. See Ala. Admin. Code R. 540-X-9-.11(1). Without an evaluation by the physician to create a physician-patient relationship, the RN is dispensing medical supplies and medications to a person who is not the physician’s patient. This violates both the physician’s and the RN’s legal authority to dispense or administer medications. See Ala. Code § 34-23-13.

To comply with Alabama law, retail IV therapy businesses must create a physician-patient relationship through the performance of an individualized evaluation by a physician or a PA, CRNP, or CNM working in a legal registration or collaboration with a physician.

### THE PHYSICIAN, PA, CRNP, OR CNM MUST PERSONALLY EVALUATE THE PATIENT, DIAGNOSE THE PATIENT, AND MAKE THE TREATMENT RECOMMENDATIONS.

The evaluation and treatment of the patient may occur in person or utilizing telemedicine. See Ala. Code § 34-24-703(b). The physician, PA, CRNP, or CNM must further create a medical record that complies with the BME’s regulations. If the physician, PA, CRNP, or CNM decides to prescribe IV therapy, he or she must issue a prescription, and only then may the IV therapy be administered. A licensed person other than the physician, PA, CRNP, or CNM may administer the IV if administration of IVs is within that licensee’s scope of practice.

The BME notes that the involvement of business owners in the operation of retail IV therapy businesses may implicate the prohibition against unlicensed persons maintaining an office or place of business for the purpose of practicing medicine. See Ala. Code § 34-24-50. A business may employ a physician to provide medical services so long as the physician independently exercises his or her medical judgment when providing medical services to his or her patients. See Declaratory Ruling of the Medical Licensure Commission 2-1195 (October 28, 1992). Neither the business nor the business owner is permitted to exercise “any control over the manner in which the physicians provide medical services or the independent exercise of the physicians’ medical judgment.” *Id.* Whether or not a business is illegally practicing medicine, or whether a physician is illegally aiding and abetting the unlicensed practice of medicine by the business, is a fact-intensive inquiry. However, due to the presence

of business owners, franchisors and franchisees, and investors in the corporate makeup of retail IV therapy, physicians are cautioned to understand the BME’s regulations and Alabama law before entering employment or partnership with these and similar businesses.

This ruling is based upon the precise facts presented and upon statutes and rules currently in existence. The BME offers no opinion or evaluation of the efficacy of IV therapy as offered by retail IV therapy businesses. This ruling assumes that when a physician, PA, CRNP, or CNM diagnoses a patient and prescribes, orders, or administers an IV, he or she has determined that the treatment will benefit the patient. Should any relevant statutes or rules be amended or repealed, this ruling may no longer be valid. This ruling is not meant to modify, supplement, or overrule existing protocols and practices in licensed healthcare facilities.

DONE this 21st day of July, 2022.

MARK H. LEQUIRE, M.D.  
Chairman  
Alabama State Board of Medical  
Examiners

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<sup>4</sup>In some locations, a chiropractor was present and interacted with the patient. However, chiropractors are forbidden by state law from prescribing or administering medicine to patients. Ala. Code § 34-24-122.

<sup>2</sup>The participation of the patient in the selection of the IV cocktail and additives does not change the analysis. A patient is not licensed to practice medicine. A patient cannot enter a hospital and demand an IV or direct his or her own appendectomy. Even physicians are prohibited from treating themselves except in emergency situations. AMA Code of Medical Ethics Opinion 1.2.1.; Ala. Admin. Code R. 545-X-4-.06(12). A retail IV therapy business cannot obviate the need for physician involvement by letting the patient solely direct his or her own care.



# DISPENSING CONTROLLED SUBSTANCES

## WHO IS A DISPENSING PHYSICIAN?

- Orders for and delivers a controlled substance to a patient.
- Patient consumes the medication off the premises.
- Does not matter whether patient pays for medication or not.
- Medications that are labeled as samples and not for resale are excluded.

## WHO IS NOT A DISPENSING PHYSICIAN?

- Distributes pre-packaged samples and starter packs.
- Administers oral or injectable controlled substances in the office.
- Dispenses non-controlled substances.
- Dispenses controlled substances purchased with hospital's or clinic's DEA registration.

## REGISTRATION AS A DISPENSING PHYSICIAN

- Pursuant to Board of Medical Examiners Rule 540-X-4-.05, dispensing physicians are required to register with the Board.
- Registration is accomplished by completing and returning the dispensing physician registration form.
- Complete the form and return via email to the Dispensing Physician Coordinator
  - OR mail to: Attn: Dispensing Physician Registration, PO Box 946, Montgomery AL 36101-0946.
- Every location where medications are dispensed must be registered and the separate DEA numbers listed.
- Physicians are responsible for updating address changes, additional sites, additional DEA numbers, and removal of sites.
- Do not submit a dispensing registration form if you do not purchase controlled substances (other than pre-packaged samples and starter packs) to be dispensed to your patients. Doing so may result in false information being provided to the Alabama Department of Public Health's Prescription Drug Monitoring Data Bank and may result in an unnecessary investigation into your practice.

## PRESCRIPTION DRUG MONITORING DATABASE

- Physicians who dispense controlled substances must report all controlled substances dispensed to the Alabama Department of Public Health Prescription Drug Monitoring Program database.
- The Board of Medical Examiners regularly sends to the Health Department a list of licensees who have registered as dispensing physicians.

## FINES FOR NOT REGISTERING OR REPORTING AS REQUIRED

- Board Rule 540-X-4-.05 requires dispensing physicians to report to the prescription monitoring database and authorizes the Board to assess administrative fines against physicians who act as dispensing physicians but are not registered with the Board and physicians who fail to report to the database as required by the Health Department and Board rules.

## MAINTENANCE OF RECORDS AND INVENTORIES

Board Rule 540-X-4-.04 sets recordkeeping and inventory requirements for physicians who purchase, maintain, and dispense controlled substances in the office, including:

- Inventory requirement
- Dispensing record
- Labeling requirement
- Special requirement for CII amphetamines
- Board may assess fines up to \$10,000 for each violation

## OFFICE-BASED SURGERY

### THE BOARD REQUIRES REGISTRATION OF CERTAIN PHYSICIANS WHO PERFORM SURGERY OUTSIDE OF A HOSPITAL OR OUTPATIENT FACILITY.

#### What is office-based surgery?

- Surgery performed outside a hospital or outpatient facility licensed by the Alabama Department of Public Health.
- Definition of “surgery” -- the revision, destruction, incision, or structural alteration of human tissue performed using a variety of methods and instruments.
- Can include non-surgical procedures if moderate sedation, deep sedation, or general anesthesia is used.
- Includes surgery using local anesthesia, minimal sedation, moderate sedation/analgesia, deep sedation/analgesia, and general and regional anesthesia.
- Includes procedures in which Propofol is administered, given or used.
- Includes liposuction when infiltration methods such as the tumescent technique are used.

#### Registration

- Registration is accomplished online only using the OBS Registration located under the Licensee Portal.
- If your address or status as an office-based procedures physician changes, you should notify the Board in writing.
- Free registration renewal is accomplished through the Licensee Portal concurrently with license renewal (Oct. - Dec. of each year)

#### Who is Required to Register with the Board?

- Licensed physicians who maintain a practice location in Alabama and perform or offer to perform any office-based surgery/procedure which requires moderate sedation, deep sedation, or general anesthesia.
- Licensed physicians who maintain a practice location in Alabama and perform or offer to perform any office-based surgery/procedure in which Propofol is administered, given or used.
- Licensed physicians who maintain a practice location in Alabama and perform or offer to perform liposuction when infiltration methods such as the tumescent technique are used.

#### Board Requirements

- Board Rules, Chapter 540-X-10, set forth the requirements for office-based surgery at each level of anesthesia. See sections .04 through .08.
- Physicians performing office-based surgery should carefully consider the expected level of anesthesia to be used and register with the Board where appropriate.
- Events required to be reported to the Board:
  - All surgical related deaths and all events related to the procedure that resulted in an emergency transfer of the surgical patient to the hospital,
  - Anesthetic or surgical events requiring CPR.
  - Unscheduled hospitalization related to the surgery.
  - Surgical site deep wound infection (click here for adverse event reporting form).
- See Section .10 of Chapter 540-X-10 for the written documents and policies and procedures encouraged by the Board.

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

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## September 2023

- Sep. 14 - Tarik Y. Farrag, MD (MD.32237), Panama City FL - the license is revoked
- Sep. 27 - Gary L. Howard, MD (MD.13355), Hoover AL - Alabama Controlled Substances Certificate reinstated to full, unrestricted status

## October 2023

- Oct. 2 - Olamide A. Alakija, MD (MD.45669), Selma - the Voluntary Restriction is removed
- Oct. 3 - John M. Henderson, DO (DO.380), Columbus GA - the license is reprimanded and assessed an administrative fine
- Oct. 19 - Paul L. Smith, MD (MD.11526), Mobile AL - the Alabama Controlled Substances Certificate is voluntarily surrendered
- Oct. 19 - Steven W. Powell, MD (MD.39044), Lutherville MD - the license is administratively suspended for 90 days retroactively beginning on Aug. 28, 2023
- Oct. 29 - Gabriel H. Hester, MD (MD.33377), Calera AL - the Alabama Controlled Substances Certificate is reinstated with conditions

- Oct. 29 - Richard L. Snellgrove, MD (MD.16922), Fairhope AL - the Alabama Controlled Substances Certificate is reinstated in full

- Oct. 31 - Lauren E. Duensing, MD (MD.33484), Mobile - the license is reinstated with restrictions

## November 2023

- Nov. 1 - Mark P. Koch, DO (DO.322), Monroeville - the Alabama Controlled Substances Certificate is reinstated with restrictions
- Nov. 8 - Thomas P. Alderson, MD (MD.11121), Huntsville - the license is placed in restricted status and assessed an administrative fine
- Nov. 8 - Rodney L. Dennis, MD (MD.13319), Homewood - the license is placed in restricted status and assessed an administrative fine
- Nov. 13 - Nefertiti H. Durant, MD (MD.27640), Birmingham - the license is placed on probation
- Nov. 16 - Edmond C. Henson, MD (MD.6534), Mobile - the Alabama Controlled Substances Certificate is voluntarily surrendered
- Nov. 16 - Brett T. Wahlgren, MD (MD.43092), Birmingham - the license is

voluntarily surrendered

- Nov. 17 - Victor J. Bonuel, MD (MD.38778), Fairfield - the Alabama Controlled Substances Certificate is temporarily suspended

- Nov. 20 - Shakir R. Meghani, MD (MD.22917), Dothan - license is reprimanded, additional CME is required, and a fine is assessed

- Nov. 22 - David W. Cole, MD (MD.36481), Madison - the license is reprimanded and additional CME is required

- Nov. 24 - Laurence D. McMillan, MD (MD.38242), Birmingham - the Voluntary Restriction is amended

- Nov. 27 - Gary R. Wisner, MD (MD.19841), Lodi CA - license is reprimanded, additional CME is required, and license is placed on probation

## December 2023

- Dec. 4 - Jean H. Vincent, MD (MD.36985), Tempe AZ - the license is administratively suspended

- Dec. 5 - Gabriel H. Hester, MD (MD.33377), Calera - the Alabama Controlled Substances Certificate is reinstated with conditions (amended order)



Alabama State Board of Medical Examiners  
Alabama Medical Licensure Commission

P.O. Box 946  
Montgomery, AL 36101-0946  
www.albme.gov

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### Upcoming BME Meeting Dates

Jan 18 • Feb 22 • Mar 21

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](http://www.albme.gov).

### Upcoming MLC Meeting Dates

Jan 24 • Feb 28 • Mar 28

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

## Have questions or need assistance?

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