



ALABAMA State Board of Medical Examiners Medical Licensure Commission

Newsletter and Report

www.albme.org

July – September 2012

Volume 27, Number 3

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CME

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Board expresses concern regarding use of chelating agents

by George C. Smith Jr., MD, Board Chairman

Chelation refers to the use of certain chemicals to remove heavy metals from the body. The word “chelate” derives from the Greek word *chele* for “claw,” referring to the claw-like chemical structure of the organic chemical most often used with chelation, ethylenediamine tetraacetic acid (EDTA).

Alfred Werner was awarded the 1913 Nobel Prize in chemistry for developing the concept of chelation, which is the sequestration and binding of a metallic ion within the chelating molecule. Chelation was first medically used in 1917 with tartarate and in 1925 with the use of tiron to reduce the toxicity of antimonial-based

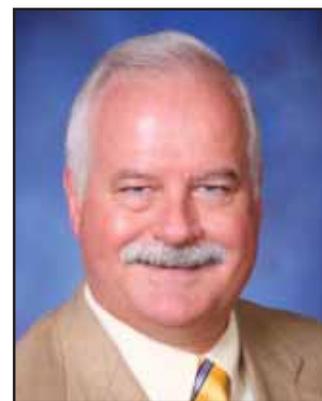
parasitic agents.

After dimercaprol, also known as British antilewisite, was introduced in 1945 as a remedy for arsenical blisters and arsenic poisoning from the war gas lewisite, it was found to be useful against other heavy metal poisonings, such as from mercury.

By 1951, EDTA was being used for the treatment of inorganic lead poisoning and was under investigation for the treatment of hypercalcemia and plutonium poisoning.

It was in the 1950s that researchers proposed the possibility that EDTA could be used to treat atherosclerotic heart

See Chelating agents, page 4



George C. Smith Jr., MD

It is possible that the use of EDTA chelation therapy in lieu of proven therapy may result in causing indirect harm to the patient.

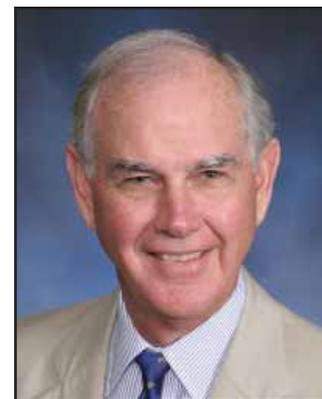
2013 License and Registration Renewals

- ▶ All licenses and registrations are renewed annually.
- ▶ Orange renewal reminder postcards sent to all licensees' addresses of record in October.
- ▶ Online renewal will use last name and last four digits of SSN (you do not have to have received a postcard to renew).
- ▶ Online renewal site: <http://www.alrenewals.org>.
- ▶ **IMPORTANT: Licensee is responsible for completing forms and submitting payment. Do not rely on someone else to do this for you.**
- ▶ Renew license first. If you have an ACSC/QACSC and/or collaborative practice, you will be asked if you want to renew them. Credit card payment is made separately for separate renewals. You can print a receipt upon completing each transaction.

See Renewals, page 4

A Message from the Executive Director

BME, MASA educational programs offer valuable CME



Larry Dixon

As practicing physicians, the Board members recognize and appreciate the privilege and necessity of prescribing controlled substances to patients, but as members of the certifying board that regulates the dispensing and distribution of controlled substances within Alabama, they are also keenly aware of the extent of prescription drug abuse in this state, as well as in other states, and the problems physicians encounter when prescribing controlled substances. While there are a few physicians who wish to operate lucrative “pill mills,” fully aware that their actions are inappropriate and often illegal, the Board realizes that many physicians who otherwise meet or exceed the general standard of care can have problems prescribing controlled substances in a manner that minimizes risks, maximizes benefits, and is done in compliance with state and federal laws and rules.

The “pill mill” operators are vigorously investigated and disciplined, but there are other ways to correct the practitioner who simply does not have sufficient experience and knowledge to safely and legitimately prescribe controlled substances and be in compliance with all of the applicable laws and rules.

To assist these physicians, and all physicians who want a refresher or update on the latest prescribing issues, the Board, in conjunction with the Medical Association of the State of Alabama (MASA), developed a continuing medical education course entitled, “Prescribing and Pharmacology of Controlled Drugs: Critical Issues and Common Pitfalls.” This course has been designated by the Medical Foundation of Alabama for a maximum of 12 *AMA PRA Category 1 Credits*[™] and is offered three times per year. Since its inception, the course has been presented 12 times.

Those 12 conferences have had a total of 976 registrants. Physicians and physician assistants in Alabama have attended, along with 67 out-of-state physicians who have come to the conference at the direction of their licensure agencies, or in an attempt to correct problems they perceive within their own practices, or simply to receive valuable information in this area at a reasonable cost.

The out-of-state physicians are coming from as far as Texas, California, Georgia, Mississippi, Pennsylvania and Louisiana. At the November 2011 conference, held in Birmingham, there were two physicians from Oregon and Washington. Many of these physicians do not have an Alabama medical license.

The Board developed this course primarily to help Alabama physicians; however, the apparent lack of similar, affordable courses available around the country is drawing physicians from other states.

The success of the prescribing course has encouraged the Board and MASA to develop a new continuing medical education activity focusing on ethics and professionalism. “Medical Ethics” is accredited to confer a maximum of 6.75 *AMA PRA Category 1 Credits*[™] and is scheduled to be presented for the first time on Dec. 15, 2012. We expect it to be as well received as the prescribing course has been.

It is important for the physicians of this state to realize these are Board-designed activities,

see Education, page 9

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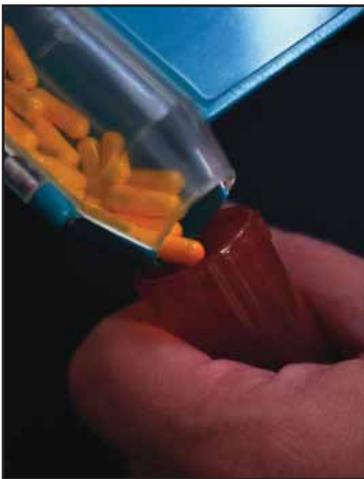
Carla Kruger
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Registrations with the Board: Office-based surgery, use of lasers, dispensing controlled substances

There are currently three areas in which, if a physician practices within them, the physician must register with the Board. License and ACSC renewal applications ask if you are registered for office-based surgery, use of lasers and other modalities affecting human tissue, and dispensing controlled substances. It is important that these questions be answered correctly.

The Board has seen many instances of physicians answering “yes” or registering for office-based surgery, lasers, or dispensing when they do not do any of these things. Sometimes a physician will answer “yes” or register “just in case” it applies to them.

Physicians should make sure that they in fact should register with the Board, because there are ramifications to being registered when physicians do not actually perform the activities for which they register. This is not a determination to be made by anyone other than the physician. This is one of the reasons the Commission requires that the practitioner complete renewal applications and not delegate this task to anyone else.



For example, the list of registered dispensing physicians is provided to the Alabama Department of Public Health, which in turn reports to the Board those physicians who are registered but have not reported to the Prescription Drug Monitoring Database (PDMP) as required. These

physicians will receive a letter from the Board warning them that they are not in compliance with PDMP rules.

Before answering “yes” to the registration questions on renewal applications and before registering for dispensing, use of lasers, or office-based surgery, please review the Board’s web pages and rules regarding these matters so that you are sure you are answering/registering correctly and that you will not receive unnecessary communications from the Board.

Further clarification for registering as a dispensing physician:

- Every location where medications are dispensed must be registered and the separate DEA number listed. Physicians are responsible for updating address changes, additional sites, additional DEA numbers, and removal of sites. If a physician chooses to allow another individual complete this registration, it is the physician’s responsibility to ensure that accurate information is provided.
- The Board is finding that in some cases, a service is used that registers all the dispensing physicians that work for a particular clinic, for example. Often, these forms are not filled out properly or they are completed for physicians who do not truly dispense. Sometimes it is not clear that the physician signed the form. Again, if you allow another individual to

complete this registration for you, accurate information remains your responsibility. Additionally, these

forms must be personally signed by the physician. If a clinic handled your dispensing registration but you have not signed a form, then there may

be a problem with your registration.

On the net:

Board’s web page for dispensing registration: <http://www.albme.org/dispphysregis.html>

PDMP (Alabama Department of Public Health) web page: <http://www.adph.org/pdmp/>

Board’s web page for office based surgery registration: <http://www.albme.org/obs.html>

Board’s web page for use of lasers registration: <http://www.albme.org/laser.html>

“But nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and the poor.”

– Voltaire (1694-1778)

Chelating agents, cont.

disease; however, after numerous clinical trials over the past few decades, the best available evidence does not support the therapeutic use of EDTA chelation therapy in the treatment of cardiovascular disease.

In fact, it is possible that the use of EDTA chelation therapy in lieu of proven therapy may result in causing indirect harm to the patient.

A Cochrane review in 2008 found that there was insufficient evidence to conclude that chelation therapy reduced blockages in blood vessels.

Such a conclusion must be based on randomized controlled trials that include endpoints to show the effects of chelation therapy on the longevity and quality of life of people with atherosclerotic disease.

Today, the term “EDTA” has been used for both Edetate Disodium and Edetate Calcium Disodium. The only FDA-approved uses for these products are for hypercalcemia and severe lead poisoning. However, despite the lack of scientific evidence or FDA approval, chelation therapy is currently

heavily promoted as an alternative to coronary bypass surgery. It has also been marketed as a treatment for hypertension, leg cramps, peripheral vascular disease, Parkinson’s disease, Lupus, autism and psoriasis, among myriad other conditions. Chelation therapists give EDTA, often along with other substances such as heparin, magnesium chloride, a local anesthetic, B-vitamins and vitamin C as an intravenous infusion that lasts several hours, one to three times a week. The provider may initially recommend about 30 such treatments and may recommend as many as 100 or more over a period of years. The cost, from \$75 to \$125 per treatment, is not usually covered by insurance, and the patients pay cash for this service.

See Chelating agents, page 6

Renewals, cont.

▷ M.D./D.O. Licenses

- Expire Dec. 31
- \$300 license renewal fee
- Grace period Jan. 1 - Jan. 31* (\$400 fee during this period)

▷ ACSC Registrations

- Expire Dec. 31**
- \$150 renewal fee
- NO grace period for ACSC

▷ Collaborative Practice (CP) Registrations

- Expire Dec. 31, NO grace period
- \$100 renewal fee
- If you are prompted to renew a CP registration and you do not think you have a CP, contact our office – if our records indicate a CP and it is not renewed or formally terminated by Dec. 31, it will be reported to the Board

▷ P.A./A.A. Licenses

- Expire Dec. 31, NO grace period
- \$100 renewal fee

▷ QACSC Registrations

- Expire Dec. 31, NO grace period
- \$60 renewal fee

**Grace period is ONLY for renewing license; the Commission has abolished the grace period for obtaining CME.*

Writing any prescriptions for controlled substances without a current ACSC is a violation of Board rules and state law and will be investigated. The Board is authorized to fine up to \$10,000 per violation. **Beginning in 2013, the Board intends to impose harsher penalties for practitioners who continue to write controlled substances without having renewed their ACSCs.

www.albme.org

The following forms are available on the BME’s Website:

- Retired Senior Volunteer license application
- Request for waiver from CME due to retirement
- Address change form
- Application for replacement of lost or destroyed license
- Malpractice payment report form for insurance companies
- Dispensing physician registration form
- Office based surgery registration form
- Office based surgery adverse event reporting form
- Laser/pulsed light device procedures registration form
- Laser/pulsed light device procedure adverse event reporting form

QACSC

In December 2009, Physician Assistants (PAs) were granted controlled substances prescribing privileges for Schedules III through V. The first Qualified Alabama Controlled Substances Certificates (QACSC) were issued in 2010. There are currently approximately 85 QACSCs held by PAs in Alabama.

The requirements for obtaining a QACSC are:

- A current and unrestricted PA license
- An appropriate and approved registration agreement with a supervising physician
- Documentation of a minimum of 12 months of active clinical employment with physician supervision following NCCPA certification
- Documentation of attendance at the Board's seminar, "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls." (8 *AMA PRA Category 1 Credits*TM), and documentation of four Category 1 credits (or equivalent) through a Board approved course/courses that include advanced pharmacology and prescribing trends relating to controlled substances

Each QACSC issued has a unique number which identifies the physician assistant and the registration agreement for which it was issued. If a PA has numerous registrations with different supervising physicians, a QACSC must be obtained for each registration. At the time of termination of a registration agreement, any QACSC tied to that registration will automatically be terminated.

Several things regarding the QACSC should be remembered:

- The QACSC is renewed annually

on or before Dec. 31 of each year (online renewal is available through the online license renewal)

- As a requirement for renewal, a PA must obtain four Category 1 credits (or equivalent) in the area of prescribing of controlled substances every two years
 - PAs are not authorized to prescribe Schedule II controlled substances
 - PAs are not authorized to dispense* controlled substances

PAs must prescribe controlled substances in accordance with the requirements of the law, including:

- Ala. Code § 20-2-60 through 20-2-69 and any other applicable sections of the Alabama Uniform Controlled Substances Act (Ala. Code § 20-2-1 et. seq.)
- Board rules
- Protocols and medical regimens established by the Board for regulation of a QACSC
- Any requirements or limitations established in an approved formulary by the supervising physician to whom the physician assistant is registered.

QACSC prescribing protocol #001 is currently in place (most current revision Mar. 21, 2012) and stipulates the following:

1. The quantity of a controlled substance initially prescribed by a PA shall be limited to a 30-day supply, and any refill must be authorized by the supervising physician. The supervising physician must see the patient before authorizing a refill.
2. If a prescription for a controlled substance is initiated by the supervising physician, the PA may autho-

See QACSC, page 7

DEA certification for electronic prescribing

In August, the Drug Enforcement Administration (DEA) announced a new approved certification process for Electronic Prescriptions for Controlled Substances. If a practitioner's electronic prescription certification system has not been approved by DEA, then prescriptions transmitted directly from the practitioner's computer/tablet to the pharmacy may not be used to prescribe controlled substances in Schedules III, IV and V.

Schedule II controlled substance prescriptions must be written and manually signed by the physician.

The DEA currently lists three companies whose certification processes have been approved by the DEA at http://www.deadiversion.usdoj.gov/ecommm/e_rx/thirdparty.htm#approved.

Keep in mind that not only does the physician's electronic prescription system have to be certified by DEA in order to use it for prescribing controlled substances, but the physician's system and the pharmacy's system must be compatible for the transmission of a true digital e-prescription.

In many cases, when the systems are not compatible, the e-prescription will default to the pharmacy's fax machine, and the prescription then becomes an "original" prescription, in which case the prescription is not valid if not manually signed.

Chelating agents, cont.

Over-the-counter “chelation” products are also being marketed by companies to individuals for self-treatment, mainly over the Internet. In October 2010, the FDA issued warnings to eight companies that market OTC

chelation products with claims that their products treat various diseases by removing toxic metals from the body. The FDA feels there are serious safety issues associated with OTC chelation products including dehydration, kidney failure and death.

The products come in various dosage forms, including transmucosal sprays, suppositories, capsules, liquid drops and clay baths. The FDA states, “These products are dangerously misleading because they are targeted to patients with serious conditions and limited treatment options,” and fears that if patients rely on unproven OTC chelation products to treat serious conditions, they may delay seeking effective medical care.

The primary organization promoting chelation therapy is the American College for Advancement in Medicine (ACAM). The primary focus of ACAM since its inception has been the promotion of chelation therapy, despite the fact that there are at present no double-blind randomized studies to support chelation therapy for any use outside of those approved by the FDA.

In fact, multiple organizations, including the American College of Cardiology, the National Institutes of Health, the Centers for Disease Control, and other prominent organizations have published statements against the use of chelating agents outside their approved protocol.

The National Council Against

Health Fraud, a nonprofit consumer protection organization, goes so far as to state that chelation therapy of autistic children should be considered child abuse. Some of the statements of these organizations are:

The FDA feels there are serious safety issues associated with OTC chelation products including dehydration, kidney failure and death.

“A systematic review on chelation therapy for peripheral arterial occlusive disease has shown that chelation therapy is not superior to placebo and is associated with considerable risks.”

– American College of Cardiology

“There is a lack of adequate prior research to verify EDTA chelation therapy’s safety and effectiveness for CAD [coronary artery disease].”

– National Center for Complementary and Alternative Medicine at the National Institutes of Health

“[C]ertain health-care practitioners have used chelation therapy for autism in the belief that mercury or other heavy metals are producing the symptoms. Other practitioners have recommended chelation therapy for treatment of coronary artery disease, hoping to eliminate calcified atherosclerotic plaques that can lead to coronary artery occlusions and myocardial infarctions. These off-label uses of chelation therapy are not supported

by accepted scientific evidence. The Institute of Medicine found no scientific evidence that chelation is an effective therapy for autism spectrum disorder.”

– Centers for Disease Control

There is an ongoing blind, randomized clinical trial to determine the safety and effectiveness of EDTA chelation therapy in individuals with coronary artery disease. The results of the Trial to Assess Chelation Therapy (TACT) will provide either a significant positive result or an informative null result upon which rational clinical decision-making and health policy can be based. The study began in September 2003, and the estimated study completion date is February 2013.

The Board’s concern about practitioners using chelation therapy for unapproved uses is long standing. In late 1985, after extensive investigation into the medical practice of Herbert Ray Evers, MD, the Board filed formal charges against Dr. Evers for his use of chelation therapy, among other procedures and therapies that would not be expected to provide any benefit to the patient, had no scientific support as to efficacy, and had serious potential complications. After a due process hearing, the Medical Licensure Commission revoked Dr. Evers’ license. Dr. Evers filed for

injunctive relief in the circuit court and was denied. He appealed that decision to the Court of Civil Appeals of Alabama, which

confirmed the Commission’s decision to revoke Dr. Evers’ license. He

See *Chelating agents*, page 8

Because the only currently approved use for EDTA is for heavy metal and lead poisoning, its use outside those parameters is strongly discouraged.

Scheduling of propofol by Health Department

The State Committee of Public Health added propofol to the Alabama Controlled Substances List effective Aug. 27, 2012, as a Schedule IV controlled substance.

The Alabama Department of Public Health stated, "Propofol has an appropriate medical usage to sedate people quickly for surgeries, but its potential for misuse led to the scheduling of this fast-acting drug. The Alabama Controlled Substances List divides drugs and other substances into five schedules based on abuse potential, taking into account the risk to public or individual health."

On the Net:

Alabama Department of Public Health: www.adph.org

Use of non-validated substances for weight reduction under scrutiny

Board Rules, Chapter 17, Guidelines and Standards for the Utilization of Controlled Substances for Weight Reduction, became effective on Jan. 20, 2012. The rules contain guidelines and standards to determine that the use of a controlled substance as an adjunct for a weight reduction regimen is medically appropriate for a patient.

Section .06 stated that the treatment of obesity should be based on evidence based medicine, for example, the *Bariatric Practice Guidelines* established by the American Society of Bariatric Physicians. In June 2012, the Board amended the rules to add the following:

- The Board considers the promotion and use for weight reduction of controlled and non-controlled substances which have not been scientifically validated (e.g., HCG, etc.) to be of questionable benefit. The promotion and use of these substances is under scrutiny by the Board for possible sanctions for non-legitimate medical use violations.



On the Net:

Board Rules Chapter 540-X-17, Guidelines and Standards for the Utilization of Controlled Substances for Weight Reduction: <http://www.albme.org/csforweight.html>

American Society of Bariatric Physicians: www.ASBP.org

The Medical Association of the State of Alabama and the Alabama Board of Medical Examiners present...

Prescribing and Pharmacology of Controlled Drugs: Critical Issues and Common Pitfalls

2012 Series

How can the practitioner more effectively understand the pharmacologic profiles for controlled drugs, identify diagnostic criteria for appropriate prescribing and consider the therapeutic implications of specific substance use by individual patients? This special intensive course has been developed to enhance the practitioner's ability to effectively prescribe controlled medications, while minimizing their misuse whenever possible.

The Intensive Course in Prescribing Controlled Drugs is designed for physicians, dentists, and physician assistants in all specialties who need or wish to increase their knowledge and ability to effectively prescribe medications while minimizing the potential for abuse.

November 17-18, 2012
Embassy Suites | Hoover
2960 John Hawkins Parkway

Registration Fee: \$375
Registration Deadline: Nov. 7

For more information about the course,
call MASA's Education Department
at (334) 954-2500 or visit
www.masalink.org/Prescribing.

The Medical Association of the State of Alabama, the Alabama Board of Medical Examiners and the Alabama Board of Nursing present...

Ensuring Quality in the Collaborative Practice

Working together to deliver quality healthcare



November 29, 2012

4 p.m. to 7 p.m.

Embassy Suites, Montgomery

Registration Fee: \$100

Learning Objectives

After attending this course, participants will be able to:

- Cite the application, approval and renewal requirements for CRNPs and CNMs in a collaborative practice relationship.
- List the credentials a CRNP or CNM is required to have to enter into a collaborative practice agreement.
- List the responsibilities of both physicians and nurses in a collaborative practice agreement.
- Describe common problems seen in a collaborative practice and the methods to apply to correct them.
- Cite the regulations for prescribing drugs, participating in a quality assurance review and practicing in various practice settings, including remote sites.

For more information about the course, call MASA's Education Department

at (334) 954-2500 or visit www.masalink.org/CollaborativePractice.

Chelating agents, cont.

petitioned the Alabama Supreme Court to be heard, but was denied.

The Board has recently received several reports of Alabama physicians, sometimes working jointly with other healthcare providers, performing chelation therapy. Because the only currently approved use for EDTA is for heavy metal and lead poisoning, its use outside those parameters is strongly discouraged.

Patient complaints and complications that involve the non-approved use of chelating agents will be vigorously and purposefully investigated. Those practitioners will be required to explain their practice to the Board and possibly defend it before the Commission in a formal action.

References

- Centers for Disease Control.

Deaths Associated with Hypocalcemia from Chelation Therapy – Texas, Pennsylvania, and Oregon, 2003-2005. *Morbidity and Mortality Weekly Rpt*, 55(08);204-207 (2006)

- ClinicalTrials.gov. Trial to Assess Chelation Therapy (TACT), updated 8/23/2012 (<http://clinicaltrials.gov/ct2/show/NCT00044213?term=chelation+therapy&rank=2>).

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- National Institutes of Health, Questions and Answers: The NIH Trial of EDTA Chelation Therapy

for Coronary Artery Disease (<http://nccam.nih.gov/health/chelation?lang=es>).

- Seely, D., Wu, P. and Mills, E. EDTA chelation therapy for cardiovascular disease: a systematic review. *BMC Cardiovasc. Disord.* 2005; 5:32 (2005).

- U.S. Food & Drug Administration. FDA press release: FDA issues warnings to marketers of unapproved 'chelation' products. October 14, 2010. (<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm229320.htm>)

- Vogel, H.K., et. al. Integrating complementary medicine into cardiovascular medicine. *Jrnl. of the American College of Cardiology*, 46:1 (2005)

Welcome Deana

The Board is pleased to welcome Deana Bozeman to the staff. Ms. Bozeman replaces Walton Skelley as the assistant to the Collaborative Practice Inspectors. She is responsible for coordination between the Board of Medical Examiners and the Board of Nursing in approving collaborative practices among physicians and Certified Registered Nurse Practitioners and Certified Nurse Midwives. Ms. Bozeman handles a heavy load of paperwork that includes applications for collaborative practices, changes in collaborative practices, and requests for additional duties. She also assists the Collaborative Practice Inspectors in their work auditing collaborative practices throughout the state and helping physicians who have collaborative practices be in compliance with Board rules.

Education, cont.

presented by members of the Board in an attempt to assist Alabama physicians in managing possible problem areas in their practices. The Board feels that these activities are especially valuable to Alabama physicians because the courses are state-specific and focus on problem areas the Board members have personally observed.

On the Net:

MASA Education web page: <http://www.masalink.org/education.aspx>

Prescribing seminar 2012 brochure:

[http://www.masalink.org/uploadedFiles/Education/Calendar_Extras/2012%20Prescribing%20Brochure%20\(with%20CME\).pdf](http://www.masalink.org/uploadedFiles/Education/Calendar_Extras/2012%20Prescribing%20Brochure%20(with%20CME).pdf)

Medical ethics seminar 2012 brochure: http://www.masalink.org/uploadedFiles/Education/Calendar_Extras/2012%20Ethics%20Brochure%20non-CME%20070612.pdf

QACSC, cont.

- size only one reissue for a 30-day supply of the medication.
3. A PA may make a verbal order for a controlled substance under the circumstances stated in this protocol.
 4. The supervising physician should audit the PA's prescribing via the PDMP at least once per quarter.
 5. A PA is not authorized to be or act as a dispensing Physician Assistant. For the purposes of this protocol, "dispensing Physician Assistant" is defined as a PA who orders a controlled substance to be dispensed or distributed to a patient for off-premises consumption or administration from a dispensary located in the facility where the PA practices.

At each practice site where a QACSC is in effect the following should

be maintained:

- Copy of approved formulary for Qualified Alabama Controlled Substances Certificate
- Copy of Qualified Alabama Controlled Substances Certificate
- Copy of Board approved QACSC Prescribing Protocol #001
- Copy of Registration Agreement
- Copy of Registration Agreement approval letter from the Board
- Copy/copies of the QACSC Covering Physician Agreement

**Dispensing is defined as ordering for and delivering to a patient a controlled substance for the patient's use, where the controlled substance is purchased for resale to the patient. Dispensing does not mean distributing prepackaged samples/starter*

Maintenance of licensure update:

The Board continues to monitor the development by the Federation of State Medical Boards (FSMB) of a maintenance of licensure (MOL) system.

FSMB is aware that the Board has concerns regarding taking into consideration the practicing physician's time and resources, as well as the resources and autonomy of each state.

The FSMB's MOL workgroup has continued its work of developing a template proposal, and this summer finalized a pilot study structure and was to begin tests with state boards.

On the Net:

FSMB's web page on Maintenance of licensure: <http://www.fsmb.org/mol.html>

packs, administering oral or injectable controlled substances in the office, dispensing non-controlled substances, or dispensing controlled substances that are purchased with a hospital's or clinic's DEA.

On the Net:

Board's web page for QACSCs (includes link to Board Rules): <http://www.albme.org/cscapp.html#qacsc>

Online license/QACSC renewal: <http://www.alrenewals.org>

Information about required CME courses: <http://masalink.org/education.aspx>

Ala. Code § 20-2-1, et. seq.: <http://alisondb.legislature.state.al.us/acas/CodeOfAlabama/1975/147978.htm>

The Medical Association of the State of Alabama and the Alabama Board of Medical Examiners present...

Medical Ethics

Saturday, Dec. 15 | Embassy Suites | Birmingham/Hoover

Registration

Registration fee is \$200 and includes tuition, breakfast, lunch and breaks. Register in one of three ways:

- ▶ **Online** at www.masalink.org/ethics
- ▶ **Fax** the completed registration form with your credit card number to (334) 269-5200
- ▶ **Mail** the completed registration form with a check made payable to Medical Foundation of Alabama for \$200 to: **MASA | Education Department | 19 S. Jackson Street | Montgomery, AL 36104**

Hotel Reservations

Make your hotel reservations at the **Embassy Suites, Birmingham/Hoover**. Rooms are \$135 per night, and the room block expires **Nov. 23**. Call **1-800-EMBASSY** and ask for the group rate of the Medical Association of the State of Alabama.

Agenda

- | | |
|-------------------------|---|
| 7:30 a.m. - 8:00 a.m. | REGISTRATION and BREAKFAST |
| 8:00 a.m. - 9:00 a.m. | The Ten Commandments for Medical Licensure
<i>Steve Furr, MD, Alabama Board of Medical Examiners, 2001-2012</i> |
| 9:00 a.m. - 10:00 a.m. | Ethical Issues: Case Files from the Board of Medical Examiners
<i>Steve Furr, MD</i>
<i>Buddy Smith, MD, ALBME</i> |
| 10:00 a.m. - 10:15 a.m. | BREAK |
| 10:15 a.m. - 11:15 a.m. | Physician Impairment
<i>Eric Hedberg, MD, Medical Director</i>
<i>Alabama Physician Health Program</i> |
| 11:15 a.m. - 12:00 p.m. | LUNCH and PRESENTATION
<i>What Initiates and Investigation?</i>
<i>Jeff Grimsley, ALBME Investigator</i> |
| 12:00 p.m. - 1:00 p.m. | Healthcare Fraud
<i>Nancy Beasley, RN, JD, CPHM</i>
<i>BlueCross and BlueShield of Alabama</i> |
| 1:00 p.m. - 2:00 p.m. | Informed Consent
<i>Stephen Shows, JD, ProAssurance</i> |
| 2:00 p.m. - 2:15 p.m. | BREAK |
| 2:15 p.m. - 3:15 p.m. | Sexual Boundaries
<i>Eric Hedberg, MD</i> |
| 3:15 p.m. | COMPLETE EVALUATION\CME CLAIM FORM |

Education

The Medical Foundation of Alabama designates this live activity for a maximum of 6.75 AMA PRA Category 1 CreditsSM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Association of the State of Alabama through the joint sponsorship of the Medical Foundation of Alabama and the Medical Association of the State of Alabama. The Medical Foundation of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

Report of Public Actions of the Medical Licensure Commission and Board of Medical Examiners

MLC – June 2012

◆ On June 29, the Commission entered an Order reversing the Board's denial of the initial application for certificate of qualification of **Pedro N. Capote, MD**. Dr. Capote was issued a certificate of qualification by the Board on July 18 and a license by the Commission on July 25 (license number MD.31894).

◆ On June 29, the Commission entered an Order placing on probation the license to practice medicine in Alabama of **Gary Stephen Hayes, MD**, license number MD.18423, Stevenson, AL, and assessing an administrative fine.

◆ On June 29, the Commission entered an Order lifting the suspension of the license to practice medicine in Alabama of **Gladwyn Leslie Murray, MD**, license number MD.25986, Mobile, AL, assessing an administrative fine and requiring continuing medical education.

MLC – July 2012

◆ On July 30, the Commission reinstated the license to practice medicine in Alabama of **Timothy M. Iliff, MD**, license number MD.10759, subject to certain conditions.

Is it not also true that no physician, in so far as he is a physician, considers or enjoins what is for the physician's interest, but that all seek the good of their patients? For we have agreed that a physician strictly so called, is a ruler of bodies, and not a maker of money, have we not?

– Plato (328-348BC)

BME – July 2012

◆ On July 18, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Frank A. Desandre, MD**, license number MD.23399, Crump, TN. Dr. Desandre is no longer authorized to practice medicine in Alabama.

◆ On July 18, the Board entered an Order removing the Voluntary Restriction from the certificate of qualification to practice medicine of **Shawn B. Harmon, MD**, license number MD.26378, Birmingham, AL. Dr. Harmon now possesses a full, unrestricted license to practice medicine in Alabama.

◆ On July 18, the Board entered an Order reinstating the certificate of qualification to practice medicine of **Timothy M. Iliff, MD**, license number MD.10759, subject to certain conditions.

MLC – August 2012

◆ On Aug. 3, the Commission entered an Order reprimanding the license to practice medicine in Alabama of **Gerald Lamar Crawford, Jr., MD**, license number MD.22579, Orange Beach, AL, and assessing an administrative fine.

◆ Effective Aug. 3, the Commission issued an Order summarily suspending the license to practice medicine in Alabama of **Emanuel Joseph, Jr., MD**, license number MD.20888, Anniston, AL, until the Administrative Complaint filed by the Board of Medical Examiners shall be heard and a decision rendered thereon.

BME – August 2012

◆ Effective Aug. 20, by Order dated Aug. 17, the Alabama Controlled Substances Certificate of **Rodolfo M. Veluz, MD**, ACSC.9246, is revoked.

Actions taken regarding failure to comply with CME requirements

Joint Petition, Stipulation and Consent Orders dated June 20:

- **D'Livro L. Beauchamp, MD**, MD.20243, Montgomery AL
- **Charles V. Buckmaster, MD**, MD.10768, Foley AL
- **Ghayas A. Habach, MD**, MD.17714, Sylacauga AL

Your Medical License

As a physician, your license to practice medicine in the State of Alabama is one of your most important assets. It allows you to apply what you learned during years of school and post-graduate training to earn a livelihood to support your family. Exercise care to protect this asset.



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**Look inside
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Examiners that pertains to
your license
to practice medicine
in Alabama.**

All current licensees receive the Board of Medical Examiners *Newsletter and Report* at their address of record at no charge. Licensees may also choose to receive the newsletter by e-mail. Non-licensee subscriptions to the newsletter are by e-mail only.

If you would like to receive the newsletter by e-mail, please send a request to masa@masalink.org.

Change of Address

Alabama law requires that every licensed physician notify the Board of Medical Examiners in writing within 15 days of a change of the physician's practice location address and/or mailing address.