

Tennessee Board of Medical Examiners



Newsletter



A regulatory agency of the State of Tennessee

425 Fifth Avenue North, Cordell Hull Building, First Floor, Nashville, TN 37247-1010

• <http://tennessee.gov/health>

Tennessee Gets High Marks for Bioterrorism Preparedness

State Ranks Among Top Four

Nashville: In a recent report by Trust for America's Health, Tennessee was rated among the top four states for its preparedness efforts to respond to bioterrorism and public health emergencies. "Tennessee has made a great deal of progress towards strengthening our preparedness and capacity to respond rapidly to a bioterrorism threat or other public health emergency, and we are very pleased to be rated among the top states," said Health Commissioner Kenneth Robinson, MD.

The report examined state-by-state how well the public health system is prepared to manage a large-scale emergency. Each state received a score based on ten key indicators which reflect the fundamental capabilities every state should have. The indicators were basically divided into three general categories: funding, public health infrastructure preparedness, and "double duty" preparedness – the ability to leverage resources to respond to both naturally occurring and terrorist threats. Tennessee achieved seven out of the possible ten indicators, the highest score received by any state. Other states with top ratings were California, Florida, and Maryland.

"In Tennessee, state and local agencies, along with our federal partners, work together as a homeland security team. We are pleased to see the bioterrorism preparedness efforts led by the Department of Health, and supported by other agencies and jurisdictions, be recognized. However, we will not rest on our laurels. We are going to continue to improve," said General Jerry Humble, Director, Governor's Office of Homeland Security.

Tennessee received \$20 million federal funding in fiscal year 2002-2003 and \$29.6 million this year to be used for bioterrorism preparedness. The funding has enabled the State to strengthen disease surveillance and reporting systems, hire additional personnel in state and local health departments, improve communications systems and laboratory capacity, and provide training to health care providers, emergency personnel and public health staff.

"The federal bioterrorism funds that we've received have helped us to build a stronger public health system and improve our ability to protect our citizens from biological attacks and infectious disease threats," said Robinson. "Tennessee's strong relationships among state, local and regional health departments have enhanced the state's ability to accomplish a lot in a short period of time."

A portion of the funding is also being used to assist hospitals in their planning and preparedness efforts and to enhance their capability to handle large numbers of casualties. Commissioner Robinson said that the Department of Health will distribute \$8.9 million this year to 133 acute care hospitals for hospital terrorism preparedness. The individual hospital funds are to be used for personal protective equipment for hospital staff, redundant emergency communication systems, added isolation capacities for contagious patients, hospital decontamination units, hospital terrorism staff training, and special kits for emergency rooms to treat patients exposed to chemical agents.

A Message from the Tennessee Office of Homeland Security

Health Related Boards (HRB) is assisting the Tennessee Office of Homeland Security and Department of Health in preparing the State for emergency or crisis situations. Whether the crisis is the result of an act of bioterrorism or the rapid spread of a communicable disease such as SARS, it is imperative that our health care community have a mechanism in place to organize and address the situation in a reasonable and timely manner.

It is the task of Health Related Boards to obtain and record email addresses and/or fax numbers for individual health care professionals. This data will then be used in a crisis or emergency situation to immediately alert health care providers throughout the State of Tennessee of the situation and plan of action. The information gathered will not be shared outside state government.

Please contact your HRB profession office today and provide this vital information for the health, safety and welfare of the citizens of the State of Tennessee. You may utilize the online Change of Address option at the board website at <http://tennessee.gov/health>, fax it to 615-253-4484, or email it to Sandra.Powell@state.tn.us, Administrator for the Board of Medical Examiners. If you choose to mail, fax or email the information, please include your name as it appears on your license, your profession, and your license number.

Thank you for assisting us in this important project.

Prescribing Methadone

Methadone is a DEA Schedule II controlled substance that is indicated for the relief of severe pain and detoxification or maintenance of narcotic addiction.

DEA regulations state "A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for "detoxification treatment" or "maintenance treatment". [CFR21 Part 1306.04 (c)] This has been modified since the introduction of buprenorphine by an amendment to the Controlled Substances Act that allows an office based treatment for opiate addiction. Under special guidelines and the issuance of a special DEA Registration number, a physician may treat up to 30 patients for addiction using Schedules III, IV, and V from his/her office practice. Methadone is still not an option for detoxification and/or maintenance treatment of narcotic addiction from a physician's office.

Use of methadone for treatment of addiction and detoxification remains restricted to non-residential narcotic treatment facilities (methadone clinics) and the physicians who work in these programs. An office based physician may administer methadone to a patient for a period not to exceed 72 hours as an emergency while getting a patient into a proper treatment facility for their addiction. This must be done 24 hours at a time for a period not to exceed three days. This is limited to one occurrence per patient.

There are currently eight methadone clinics licensed in Tennessee. The Department of Health & Human Services (HHS) Division of Substance Abuse and Mental Health Administration

(SAMSHA) Center for Substance Abuse Treatment (CSAT), strictly regulate these at a federal level. Also, they are registered and regulated by the Drug Enforcement Administration (DEA) and the State of Tennessee Department of Health, Health Care Facilities Licensure and Regulation. Any patient diagnosed with opiate addiction should be referred to one of these clinics, if it is determined that methadone maintenance treatment is the most appropriate treatment.

42 CFR Chapter I, Part 8 governs the treatment that a patient receives at one of these licensed clinics. In this federal regulation, it determines the amount of counseling a patient must receive, when a patient may receive take-home medications, the accreditation process that each clinic must pass, what patients are eligible for methadone maintenance therapy, and the qualifications that each clinic must possess. The DEA controls the methadone that is dispensed from these facilities and the records that are kept by the clinic staff. The State of Tennessee has rules in place that further regulate the activities that occur in these clinics on a day to day operational basis.

There exists some confusion as to when and under what circumstances methadone may be prescribed. Physicians who possess a valid DEA registration to prescribe Schedule II Controlled Substances may prescribe methadone for the treatment of pain as described in the "General Rules and Regulations for the Practice of Medicine" [Tennessee Rules 0880-2-.14 (6)] This rule section deals with the different types of pain, acute, chronic, and intractable. A physician may prescribe opiates, of which methadone is one, for the treatment of severe chronic intractable pain. Methadone, as with all drugs, must be prescribed for legitimate medical reasons. Pain relief is the only legitimate medical reason, for which physicians may prescribe or administer methadone in an office based setting.

In summary, practicing physicians may prescribe methadone in an out-patient environment for pain according to very specific guidelines, but may NOT prescribe methadone for any reason in the treatment of ADDICTION. Please refer these patients to the appropriate facility for treatment of their opiate addiction needs.

REMAINING 2004 BOARD MEETING DATES

May 18-19

July 20-21

September 21-22

November 16-17

All board meetings begin at 8:30 a.m., Central Time. Board meetings are held at the Board's office and are open to the public. Dates are subject to change, but are listed on the Board's website. [In the event of an electronic meeting, a conference room is made available to the public and is the location from which the electronic meeting is conducted.]

REFERENCE NUMBERS FOR THE BOARD

Phone Number: 1-800-778-4123, ext. 24384

Fax Number: 615-253-4484

Hours of Operation: 8:00 a.m. to 4:30 p.m. Central Time

Welcome New Board Member!

The Board has a new public member. His name is Mark Brown. Mr. Brown was appointed September 5, 2003 to serve until

June 30, 2006. Mr. Brown is a graduate of the University of Tennessee and the George C. Taylor School of Law, University of Tennessee Knoxville. Mr. Brown is a member of the Tennessee and Knoxville Bar Associations and is currently practicing law in Knoxville.

A New Way of Earning CMEs

The Tennessee Folic Acid Council has developed a new way of learning for health care providers that puts new information right at your fingertips. Important information about folic acid supplementation and the new Tennessee Birth Defects Registry is provided in audio and PDF formats on an enhanced CD recently mailed to over 5000 physicians in Tennessee. Simply listen to the CD while driving to work or read the PDF files at your computer to earn one AMA PRA (American Medical Association's Physician Recognition Award) Category 1 credit or AOA (American Osteopathic Association) Category 2-A credit requirement. It couldn't be more convenient.

The CD entitled "Reconsidering Multivitamin Supplementation: Meeting the Needs of Our Female Patients Throughout the Age Continuum" was adapted from the North Carolina Folic Acid Council's document of the same title and edited to include up-to-date information on Tennessee's new Birth Defects Registry. Supplemental materials are also provided. CME credit is offered through Vanderbilt University's Division of Continuing Medical Education.

The physician's role in preventing folic acid-dependent neural tube defects is critical. Consider these findings from a 2003 March of Dimes Folic Acid Survey conducted by the Gallup Organization:

- Only 32% of women ages 18 to 45 take a daily multivitamin containing 400 mcg of folic acid as recommended by the Centers for Disease Control and Prevention.
- 89% of those not taking a multivitamin say they would be very likely or somewhat likely to do so if advised by their health care provider.
- Nine out of ten women surveyed still do not understand the importance of taking folic acid supplements BEFORE pregnancy to prevent neural tube defects.

During 2002 in Tennessee, 10,451 babies were born to residents age 19 and younger, underscoring the need to establish the multivitamin habit early in life. Early intervention by physicians is critical to starting young women on the right track regarding supplementation.

If you haven't already done so, take a look at "Reconsidering Multivitamin Supplementation: Meeting the Needs of Our Female Patients Throughout the Age Continuum" and review recent research that can help you educate your patients effectively. A limited number of CDs are available from the Tennessee Department of Health, Division of Nutrition Services in Nashville or from your local March of Dimes office if needed.

The Tennessee Folic Acid Council is co-sponsored by the Tennessee Department of Health and the March of Dimes.

Public Acts, 2002 Chapter No. 872

(a) It is the intent of the general assembly to promote greater awareness of women to the risks of gynecological cancers by increasing their knowledge of the signs of such types of cancers

and the benefits of early detection. The general assembly recognizes the traditional and significant role played by the department of health in educating the public about health issues and their relevance to maintaining a good quality of life for all citizens.

(b) The department of health is directed to develop and implement a statewide initiative to increase awareness of women regarding gynecological cancers. Through the department's office of women's health, the department shall work with other state and federal programs, such as the Tennessee breast and cervical cancer early detection program and the national cervical cancer coalition, to encourage all women to have regular screening examinations and to follow good health practices which may prevent gynecological cancers.

(c) During national cervical health awareness month, the department shall further the public's knowledge and understanding of the signs of gynecological cancers and the importance of early detection through regular examinations by utilizing print, electronic, audio, or other media, as deemed appropriate by the department. The department shall encourage appropriate physicians and other health care providers to actively educate their patients regarding gynecological cancers through dissemination of information about these diseases and their detection and prevention, as well as through participation in the initiative by providing free cervical cancer screening on Free Pap Smear Day. Where feasible, the department shall work with similar national campaigns which are directed toward women's health issues, as well as partner with health care professional organizations and governmental entities to enhance the department's efforts related to gynecological cancers.

Notice to Retired Physicians

Did you know TCA Section 63-6-230 allows retired physicians to perform services without compensation for organizations which have received a determination of exemption under Section 501 3(c) of the Internal Revenue Code? To perform uncompensated services for such organizations you must (1) retire your license to practice medicine; (2) have submitted to the Board's administrative office directly from the qualified organization proof of the determination of exemption issued pursuant to Section 501 3(c) of the Internal Revenue Code; and (3) certify that you are practicing medicine exclusively on the patients of the qualified entity and that such practice is without compensation. Upon receipt of the above documentation, the Board will issue you an Inactive Volunteer License, renewable biennially. Inactive Volunteer Licenses are not subject to the occupation tax assessed by the Department of Revenue.

For more information on obtaining an inactive volunteer license, visit the Board's website at tennessee.gov/health or contact the Board's administrative office at 1-800-778-4123, Extension 24384.

Facts About Ricin

What Is Ricin?

- Ricin is a poison that can be made from the waste left over from processing castor beans.
- It can be in the form of a powder, a mist, or a pellet, or it can be dissolved in water or weak acid.
- It is a stable substance. For example, it is not affected much by extreme conditions such as very hot or very cold temperatures.

Where Is Ricin Found, and How Is It Used?

- Castor beans are processed throughout the world to make castor oil. Ricin is part of the waste “mash” produced when castor oil is made. Amateurs can make ricin from castor beans.
- Ricin has some potential medical uses, such as bone marrow transplants and cancer treatment (to kill cancer cells).

How Can People Be Exposed to Ricin?

- It would take a deliberate act to make ricin and use it to poison people. Accidental exposure to ricin is highly unlikely.
- People can breathe in ricin mist or powder and be poisoned.
- Ricin can also get into water or food and then be swallowed.
- Pellets of ricin, or ricin dissolved in a liquid can be injected into people’s bodies.
- Depending on the route of exposure (such as injection), as little as 500 micrograms of ricin could be enough to kill an adult. A 500-microgram dose of ricin would be about the size of the head of a pin. A much greater amount would be needed to kill people if the ricin were inhaled (breathed in) or swallowed.
- Ricin poisoning is not contagious. It cannot be spread from person to person through casual contact.
- In 1978, Georgi Markov, a Bulgarian writer and journalist who was living in London, died after he was attacked by a man with an umbrella. The umbrella had been rigged to inject a poison ricin pellet under Markov’s skin.
- Some reports have indicated that ricin may have been used in the Iran-Iraq war during the 1980s and that quantities of ricin were found in Al Qaeda caves in Afghanistan.

How Does Ricin Work?

- Ricin works by getting inside the cells of a person’s body and preventing the cells from making the proteins they need. Without the proteins, cells die, and eventually the whole body can shut down and die.
- Specific effects of ricin poisoning depend on whether ricin was inhaled, swallowed, or injected.

What Are the Signs and Symptoms of Ricin Exposure?

- Inhalation: Within a few hours of inhaling significant amounts of ricin, the likely symptoms would be coughing, tightness in the chest, difficulty breathing, nausea, and aching muscles. Within the next few hours, the body’s airways (such as lungs) would become severely inflamed (swollen and hot), excess fluid would build up in the lungs, breathing would become even more difficult, and the skin might turn blue. Excess fluid in the lungs would be diagnosed by x-ray or by listening to the chest with a stethoscope.
- Ingestion: If someone swallows a significant amount of ricin, he or she would have internal bleeding of the stomach and intestines that would lead to vomiting and bloody diarrhea. Eventually, the person’s liver, spleen, and kidneys might stop working, and the person could die.
- Injection: Injection of a lethal amount of ricin at first would cause the muscles and lymph nodes near the injection site to die. Eventually, the liver, kidneys, and spleen would stop working, and the person would have massive bleeding from the stomach and intestines. The person would die from multiple organ failure.

- Death from ricin poisoning could take place within 36 to 48 hours of exposure, whether by injection, ingestion, or inhalation. If the person lives longer than 5 days without complications, he or she will probably not die.

How Is Ricin Poisoning Treated?

- No antidote exists for ricin. Ricin poisoning is treated by giving the victim supportive medical care to minimize the effects of the poisoning. The types of supportive medical care would depend on several factors, such as the route by which the victim was poisoned (that is, by inhalation, ingestion, or injection). Care could include such measures as helping the victim breathe and giving him or her intravenous fluids and medications to treat swelling.

How Do We Know for Sure Whether People Have Been Exposed to Ricin?

- If we suspect that people have inhaled ricin, a possible clue would be that a large number of people who had been close to each other suddenly developed fever, cough, and excess fluid in their lungs. These symptoms could be followed by severe breathing problems and possibly death.
- No widely available, reliable test exists to confirm that a person has been exposed to ricin.

What Can People Do If They Think They May Have Been Exposed to Ricin?

- Unintentional ricin poisoning is highly unlikely. CDC has no reports of intentional ricin poisoning. If people think they might have been exposed to ricin, however, they should contact the regional poison control center at 1-800-222-1222.

CHANGES OF ADDRESS must be reported (in writing or by web) to the Board’s Office within 30 days!

- **Your name and license number;**
- **Your profession;**
- **Your old address and phone number;**
- **Your new address and phone number, e-mail address, and/or your fax number; and**
- **Your SIGNATURE!**

Board’s Fax Number: 615-253-4484 or on the Board’s Website at tennessee.gov/health.

It’s Easy to Renew Online
www.tennessee.gov/health

The quickest and easiest way to renew your license and update your information is to do it online! It’s fast, simple, secure, and convenient – and you can pay with a credit card.



Health Commissioner Kenneth Robinson, MD recently renewed his license online and said the whole process took only moments.

Just click on license renewal, and then select your board and profession, enter your profession license number, your birth date and social security number or the transaction number from your renewal notice. Next, you will update your home address, your work address and even your billing address so the Board will have current information.

The next step is to enter your renewal information. You'll need to answer all necessary questions and provide information on licenses from other states. You'll have the opportunity to update your education information and list your principal place of employment.

Finally, just enter your payment information. By entering your credit card through the secure site and choosing "submit," you will have completed the online renewal application. Only choose submit one time!

Your renewal information will be posted to the Department of Health's licensing system and once you have met all of the criteria for your profession, you will get your renewal certificate in the mail. What could be simpler? Visit our website at tennessee.gov/health!

Instructions for Accessing the Board's Web Site

- ▶ <http://tennessee.gov/health>
- ▶ Licensing
- ▶ Health Professional Boards
- ▶ Select "Board of Medical Examiners"



Consumer Right-To-Know

The Health Care Consumer Right-to-Know Act of 1998, T.C.A. § 63-51-101 et seq., requires designated licensed health professionals to furnish certain information to the Tennessee Department of Health. The information for public dissemination includes: (1) A description of any criminal convictions for felonies within the most recent ten (10) years. (2) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (3) A description of any

final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (4) A description of revocation or involuntary restriction of hospital privileges for reasons related to competence or character that has been taken by the hospital's governing body or any other official action of the hospital after procedural due process has been afforded, or the resignation from or nonrenewal of medical staff membership or the restriction of privileges at a hospital taken in lieu of or in settlement of a pending disciplinary case related to competence or character in that hospital. Only cases which have occurred within the most recent ten (10) years shall be disclosed by the Department to the public. (5) All medical malpractice court judgments, all medical malpractice arbitration awards in which a payment is awarded to a complaining party and all settlements of medical malpractice claims in which a payment is made to a complaining party beginning with reports for 1998 and each subsequent year; provided, such reports shall not be disseminated beyond the most recent ten-year period, but shall include the most recent ten-year period for which reports have been filed. From the information submitted, the Department will compile a practitioner profile, which is required to be made available to the public via the Internet and toll-free telephone line after May 1, 1999. **Each practitioner who has submitted information must update that information in writing by notifying the Department of Health, Healthcare Provider Information Unit, within 30 days after the occurrence of an event or an attainment of a status that is required to be reported by the law.** A copy of your initial or updated profile will be furnished to you for your review prior to publication. That opportunity will allow you to make corrections, additions and helpful explanatory comments. **Failure to comply with the requirement to submit and update profiling information constitutes a ground for disciplinary action against your license.**

A blank copy of the profile may be obtained from the following website address: tennessee.gov/health. Click on "Forms & Publications"; click on the appropriate board; and click on "Mandatory Practitioner Profile Questionnaire for Licensed Health Care Providers."

Disciplinary Action for 2003

Blair, Richard, M.D., 10368, 9/17/03 – *Out of state action.* Revocation; pay costs.

Brennan, Rhonda, M.D., 12059, 6/2/03 – *Unprofessional, dishonorable and unethical conduct; violation of Board order.* License revoked and respondent relegated to the status possessed prior to initial application for licensure; petitions for reinstatement of licensure will not be accepted or entertained by Board; application for a new license will not be accepted or entertained prior to the expiration of 1 year from effective date of order; under no circumstances will a new license be issued until the Board is satisfied that the respondent is competent to re-enter the practice of medicine and has met all the existing licensure requirements at the time of application; former disciplinary actions against respondent will be considered in any decision on such licensure by the respondent.

Disciplinary Action for 2003

(continued)

Castle, Christopher, M.D., 18267, 9/17/03 – *Inappropriate prescribing. Conviction of a felony, conviction of any offense under state or federal drug laws, or conviction of any offense involving moral turpitude.* Agreed order of revocation; pay costs; pay \$3,000.00 civil penalties.

Chatman, Alfred, M.D., 6144, 12/3/03 – *Action taken by the State of Kentucky.* License permanently revoked.

Dodd, Halbert, M.D., 8308, 12/8/03 – *Violation of his 1/18/01 order in that he tested positive for prohibitive drugs, failed to have required reports of working with a community physician sent to TMF, and*

discontinued required counseling. License suspended; ordered to immediately submit to a psychiatric evaluation to be arranged by TMF; must appear before the Board and demonstrate pursuant to the psychiatric evaluation that he is fit to practice medicine; if suspension is lifted, license will be placed in five years probation, with all current probationary conditions continuing; assessed five Class-A civil penalties, totaling \$5,000 to be paid before the end of probationary period; and, must pay costs assessed in this matter.

Ellis, Michael, M.D., 26010, 9/17/03 – *Action taken by Mississippi Board; professional incompetence in the practice of medicine.* License suspended indefinitely; assessed costs. *Out of state action.* Suspended indefinitely; pay costs within 30 days of filing of the affidavit of costs.

Feldman, Richard, M.D., 10062, 9/17/03 – *Order Modification;* compliance with 8/31/98 order. Probation and all conditions required by Board's order of 8/31/98 are lifted immediately.

Finn, Michael, M.D., 36529, 11/20/03 – *Action taken by the State of Kentucky relating to charges of inappropriate sexual behavior toward female patients and co-workers.* Indefinite probation; must enter contract & maintain advocacy with TMF for duration of probationary period; must complete three-day course at Vanderbilt, "Maintaining Proper Boundaries"; must pay costs associated with this action; must notify Board in writing if he intends to practice in Tennessee; and, must appear before the Board to petition for lifting of probation.

Floyd, Jerry, M.D., 28821, 11/18/03 – *Permitted members of his staff to perform x-ray operator duties without a valid Tennessee certificate.* Letter of reprimand.

Franklin, Leonard, M.D., 6358, 9/16/03 – *Misdemeanor conviction; failure to report it to the Board.* One year probation; pay costs.

Fraser, Rodger, M.D., 9820, 9/17/03 – *Revocation of license by the State of Virginia, relative to malpractice and four counts of practicing without a license, which constitute felonies.* License permanently revoked; assessed all costs in this matter.

Garcia, Daniel, M.D., 12255, 9/17/03 – *Out of State action.* Agreed order of probation, three years; shall complete during the first year the course "Maintaining Proper Boundaries"; shall ensure all care delivered to patients falls within acceptable standards of medical practice; appear within six months of order before Board to provide proof of compliance, after first appearance shall appear annually to determine/provide proof of compliance; a representative of the Board may make unannounced visits to respondent's practice to inspect office/medical records, interview office staff, inspect appointment/accounting records, review other aspects of respondent's practice; shall provide Board with any personal or practice address changes; reimburse all related costs of investigation, prosecution and administration.

Goswitz, Francis, M.D., 5412, 5/23/03 – *Conviction of an offense involving moral turpitude.* Agreed order-Board accepts the retirement and voluntary relinquishment of license; shall never apply for reinstatement of license to practice medicine in Tennessee; shall permanently surrender DEA license and/or certificate; Agreed order shall have the same effect as an order of permanent revocation.

Griffin, David, M.D., 11028, 7/23/03 – *Out of State Action.* Civil penalty 50 hours of CME, Risk Management, 50 hours of community service and attend one lecture/seminar on wrong site surgery.

Griffin, Tchad, M.D., 24124, 9/16/03 – *Respondent allowed an x-ray operator under his direct supervision to perform x-ray operator duties on an expired Tennessee certificate.* Letter of reprimand.

Gurley, Bradley, M.D., 21872, 5/1/03 – *Violation of Board order.* License revoked as of effective date of agreed order (5-1-03); may reapply for licensure one year from the effective date of agreed order upon showing mental and physical competency to practice medicine; personal appearance before Board required for such reapplication; pay costs. Violation of Board order.

Hambleton, Scott, M.D., 27397, 5/21/03 – *Action in another state.* Probation for three years from the effective date of agreed order (5-21-03/5-21-06); enter into contract with TMF and successfully maintain advocacy for duration of probationary period; attend and successfully complete a three day course entitled "Prescribing Controlled Drugs"; civil penalty \$700; costs; shall appear personally before Board to petition to terminate probation.

Harnisch, Helmut, M.D., 15067, 11/21/03 – *Administered intravenous infusions of hydrogen peroxide to patients without the appropriate consent of the patients.* Agreed order-reprimanded and assessed costs in the matter.

Harrison, William, M.D., 7487, 9/17/03 – *Prescribing narcotics without establishing a proper physician-patient relationship and failing to maintain medical records to patients in question; prescribed narcotics to*

patients in question in amounts and for durations that were not medically necessary or advisable. Agreed order of probation for a period of two years from 9/17/03; assessed \$2,000 civil penalties; shall attend and complete three day course "Prescribing Controlled Drugs"; pay costs.

Heintz, Richard, M.D., 8011, 8/18/03 – (1) *Unprofessional, dishonorable or unethical conduct.* (2) *Violation of Board statutes & rules* (3) *Gross malpractice* (4) *Personal misuse of drugs.* (5) *Inappropriate prescribing* (6) *Engaging in practice of medicine when physically or mentally unable to do so.* Order of summary suspension.

Hendrixson, Mark, M.D., 21724, 11/21/03 – *Unprofessional, dishonorable or unethical conduct involving habitual intoxication or personal misuse of any drugs.* 3 years probation; must maintain lifetime advocacy with TMF; assessed \$1,000 civil penalty, payable before the expiration of the probationary period; must pay costs in this matter before the end of probation; and, must appear before the Board no sooner than the end of 3 years to request the lifting of probation.

Humphreys, Robert, M.D., 9953, 1/29/03 – *Permitted persons under his direct supervision to perform x-ray procedures without those persons being licensed or certified.* Agreed order-probation for one year with conditions; only certified personnel will perform x-rays; will submit list to BME administrator of all persons working in his office believed to be properly certified for verification; maintain log of all x-ray procedures conducted in his office and submit quarterly during probationary period; appear before the Board after one year; pay all costs in this matter.

Jhaveri, Urmila, M.D., 11133, 11/19/03 – *Failed to report a malpractice settlement of \$750,000 to the board, as required T.C.A. 63-51-117.* License revoked; may not apply for new license for at least one year; must appear before the board if application is made.

Johnson, II, Welbourne, M.D., 16735, 11/19/03 – *Unprofessional, dishonorable, or unethical conduct and engaging in the practice of medicine when mentally or physically unable to safely do so; diagnosed as suffering from a sexual addiction.* License suspended for 3 years, effective 11/19/03; must obtain and maintain advocacy with TMF for 2 years before he may apply to reinstate his license; must obtain an evaluation by the Menninger Clinic or other appropriate clinic yearly throughout the entire suspension and provide written result of same to the Board and TMF; shall successfully complete at least 40 hours CME in medical ethics and have written reports submitted to the Board; shall pay 5 Type-A civil penalties totaling \$5,000; shall pay cost associated with the prosecution of this matter; and, shall petition and personally appear before the Board on or after the expiration of the 3 years suspension to determine whether his petition for reinstatement shall be granted.

Jones, Miles, M.D., 21962, 3/26/03 – *Licenses revoked by North Dakota and Wisconsin Medical Boards for internet prescribing without establishing legitimate doctor-patient relationship.* Such actions constituting unprofessional, dishonorable or unethical conduct in Tennessee. order-license revoked; civil penalties \$1,000; pay costs.

Kazmi, Sibte, M.D., 26756, 9/22/03 – *Permitted an x-ray operator under his direct supervision to perform x-ray duties on an expired TN certificate.* Letter of reprimand.

Lemler, Jerry, M.D., 9048, 2/13/03 – *Request filed by respondent.* Order Modification: Probation lifted on condition that he provides a complete practitioner profile.

Letard, Jr, Francis, M.D., 13791, 9/16/03 – Probation and all conditions as required by the Board's Order of 11/28/01 are lifted immediately. Order modification.

Disciplinary Action for 2003

(continued)

Loaiza, Augusto, M.D., 19862, 9/17/03 – *Action taken by the States of California and Florida, involving stayed revocation and probation of license.* Stayed revocation; 7-years probation w/conditions; ethics course; successful completion of PACE program within 9-months of enrollment; successful completion of clinical training exam; practice plan w/monitor; no solo practice; quarterly reports; and, pay costs.

Longas, Philip, M.D., 23738, 7/23/03 – *Unprofessional, dishonorable or unethical conduct; violation of habitual intoxication or addiction to, or personal misuse of, any drug or the use of intoxicating liquors, narcotics, controlled substance, or other drugs or stimulants in such matter as to adversely effect the person's ability to practice medicine.* Revoked.

Marks, Michael, M.D., 31270, 7/23/03 – *Out of state action.* Suspension until his license in the State of Virginia has been reinstated, Civil Penalty of \$100 (paid 9/03)

Marks, Michael, M.D., 31270, 9/17/03 – *Order modification request granted; terms of previous order met; penalties paid.* Suspension imposed on 7/23/03 is lifted.

Mayer, Jan, M.D., 10148, 3/18/03 – At the 3/18/03 Tennessee Board of Medical Examiners meeting, the Board considered Dr. Jan Mayer's new application for a license to practice medicine in Tennessee. Dr. Mayer was granted a license with restrictions which are limited to the psychiatric specialty practice, practicing in the law enforcement system and maintain advocacy with the Tennessee Medical Foundation.

McDonald, James, M.D., 17380, 7/28/03 – *Out of State Action.* Probation for five years, enter Tennessee Medical Foundation, civil penalty \$2,000, pay costs.

McNeill, Scott, M.D., 29129, 9/3/03 – *Out of state action (suspension in TX); arrested five times for intoxication (three DWI, two public intoxication); not compliant with treatment.* Suspended; \$4000 civil penalties; cost; suspension shall not be lifted unless and until respondent appears personally before the Board.

Mintz, Phillip, M.D., 13053, 1/29/03 – *Order modification request.* Order modification granted. Probation is lifted pending the State's receipt of the petitioner's/respondent's letter stating he will pay all costs assessed against him.

Nelson, John, M.D., 15879, 3/28/03 – *Unprofessional, dishonorable, or unethical conduct.* Revocation (previously ordered and stayed pending the Board's 3/18/03 meeting) lifted; civil penalty \$100; assessed costs.

Nelson, Ricky, M.D., 16887, 9/17/03, - *Action taken by the State of California regarding unprofessional conduct and internet prescribing practices.* License revoked; may reapply in one year; pay costs.

Oladini, Allen, M.D., 26997, 10/2/03 - Based on 8/31/99 order, action in another state. Order modification denied; compliance w/CPEP or Board-approved alternative program.

Osborne, Warren, M.D., 18256, 12/17/03 – *Respondent suffers from physical and health problems related to having suffered a stroke. His ability to engage in the practice of medicine competently and safely is impaired due to his current health conditions.* License shall be surrendered immediately (12/16/03); DEA certificate must be surrendered by 12/26/03 to the Drug Enforcement Administration; and, must petition the Board if he desires to reinstate his license.

Ruhl, Forster, M.D., 27558, 7/15/03 – *Out of state action (Mississippi).* Probation-(see order for prescribing guidelines, compliance requirements) Practice subject to surveillance of MS State Board of Medical Licensure who may perform patient chart review.

Shemwell, Frank, M.D., 281, 9/3/03 – *Out of state action (suspension, Kentucky); gross malpractice, or a pattern of continued or repeated malpractice, ignorance, negligence or incompetence in the course of medical practice; dispensing, prescribing or otherwise distributing any controlled substance or any other drug not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, or in amounts and/or for durations not medically necessary, advisable or justified for a diagnosed condition.* Suspended; pay costs, suspension shall not be lifted unless respondent appears personally before the Board.

Short, Ronald, M.D., 21802, 8/28/03 – *Entered into a Stipulation for Issuance of License with Conditions in Wyoming; monitored by assistance program; consent to evaluation of recovery every six months; meet with Board 2004, 05, 06, 07; conditions expire 2007 if no violations; license restricted in TN; comply with TMF recovery program; meet with Board 2004, 05, 06, 07; report on continued AA and TMF participation.* Out of state action.

Slonaker, Daniel, M.D., 12214, 11/20/03 – *Inappropriate prescribing practices and failure to keep appropriate records.* Agreed order: Two years probation (beginning 11/20/03); must attend a two-day medical records course at Case Western Reserve University or a board-approved equivalent course; must attend a three-day seminar, "Prescribing Controlled Drugs", at Vanderbilt; shall obtain 40 hours of family practice

courses (AAFP-approved) per year during the two-year probation; shall secure 50-hours per year for two years, other continuing medical education; must immediately surrender his DEA certificate; shall maintain a prescription logbook for recording the dispensing and prescribing of controlled substances during probation; assessed \$2,500 in civil penalties, payable within 30 days of 11/20/03; must pay costs; and, must appear before the board to request the lifting of probation.

Smith, Devon, M.D., 21152, 7/23/03 – *Unprofessional, dishonorable or unethical conduct.* Probation for two years and advocacy of Tennessee Medical Foundation.

Smith, Sarah, M.D., 9192, 5/20/03 – *Petition for Order of Modification.* Order of reinstatement of medical license with probation – beginning on effective date of order, license shall be placed on PROBATION until discharged by Board with the following terms and conditions: 1.Treatment/Aftercare 2.Participation in support group 3. Abstain from mood altering substances 4. Supervision and monitoring 5.Quarterly reports 6. Random drug/alcohol screens 7. Further evaluation 8. Periods of residency outside Georgia 9. Abide by laws, rules and terms 10. Disclosure 11. Termination of probation

Thompson, John, M.D., 8336, 12/19/03 - *Violation of T.C.A. 63-6-214(b)(1) for unprofessional, dishonorable, or unethical conduct.* Must attend and complete a course entitled "Program for Distressed Physicians", sponsored by the Center for Professional Health, Vanderbilt University Medical Center, or an equivalent course approved by the Board, and provide proof of satisfactory completion of the course to the Board within six months of 12/19/03.

Toolsie, Ronald, M.D., 21898, 12/16/03 – *Violation of T.C.A. 63-6-214(b)(1) "unprofessional, dishonorable, or unethical conduct"; and violation of T.C.A. 63-214(b) (4) "ignorance, negligence or incompetence in the course of medical practice".* Reprimand.

Veenstra, Jacob, M.D., 26143, 7/23/03 – *Dispensing, prescribing or otherwise distributing controlled substances or any other drug in amounts and/or for durations not medically necessary, advisable or justified for a diagnosed condition.* Probation for one year; must appear before the Board for lifting of probation, submit copies of his narcotic prescriptions to the Board quarterly for one year. Must attend 2-3 day overprescribing course and provide proof of attendance, pay \$4000 costs.

Watkins, Steven, M.D., 19650, 2/4/03 – *Unprofessional, dishonorable, or unethical conduct.* License revoked; civil penalty \$800; assessed costs.

Wiley, Gregory, M.D., 16070, 9/24/03 – *Modification of previous Agreed Order of Revocation.* Five years probation; must continue therapy with psychiatrist chosen by TMF and have psychiatrist submit quarterly reports to Medical Director of the Board; shall maintain advocacy with TMF; shall work under the supervision of the Complete Family Medicine Center with medical doctors Milton Smith and William D. Lyles; workweek shall be limited to 32 hours per week and 40 patients per day; prescribed medications must be approved by another staff member; quarterly reports must be submitted to Board from Drs. Smith and Lyles; must report to Board every six months; must personally appear before the Board for evaluation at the end of five years; and, must pay all costs assessed in the investigation and prosecution of this matter.

Worthington, Winston, M.D., 8914, 9/16/03 – *Pled guilty to five felony counts in U.S. District Court.* License revoked; pay costs.

Youssef, Omar, M.D., 27689, 10/9/03 – *Action taken by the State of Kentucky regarding revocation of license.* License revoked; assessed costs.



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Tennessee Board of Medical Examiners
425 Fifth Avenue North
First Floor, Cordell Hull Building
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