

THE EXAMINER

February, 2013

A publication of the North Dakota State Board of Medical Examiners

www.ndbomex.org

This edition of the Examiner summarizes the North Dakota State Board of Medical Examiners' licensure and disciplinary actions during the last quarter of 2012-2013, as well as noting significant rules or policies of the board.

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Licenses

The Board licenses 3,562 physicians, 294 physician assistants and 5 fluoroscopy technicians. Each license application that meets basic eligibility requirements is acted upon by the board. Of those applications meeting the basic eligibility requirements in the last quarter of 2012, the board took the following actions:

Medical licenses issued:

Permanent licenses:	136
Provisional temporary licenses:	151
<i>Locum tenens</i> licenses:	26
Resident licenses:	5
Total:	318

Physician Assistant licenses issued:

Permanent licenses:	18
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Disciplinary Orders

The following disciplinary orders were issued following the 2012, board meeting:

Pecora, David S., PA-C

Bemidji, MN

Physician Assistant license denied.

The applicant used false statements in his license application; was convicted of a misdemeanor having a direct bearing on his ability to serve as a physician assistant; and habitually used drugs or intoxicants.

July 6, 2012

James P. Wasemiller, MD (NDL No. 3751)

Wahpeton, ND

License indefinitely suspended.

The physician's license was suspended based on action taken by another licensing board.

July 27, 2012

Abdul R. Ahmed, MD (NDL No. 3562)

Brookline, MA

License restored to unconditional status.

Physician complied with the terms and conditions of prior Order.

July 27, 2012

Modesto Fontanez, MD (NDL No. 9643)

New York, NY

The physician's license was revoked based on action taken by another board for sub-standard surgical care.

November 16, 2012

Board Notes

Governor appoints new board member

The Board is pleased to welcome a new board member, Robert J. Olson, MD, Fargo, appointed by Governor Dalrymple to replace Andrew McLean, MD, who moved out of state.

Dr. Olson is board-certified in psychiatry and geriatric psychiatry and practices in Fargo. He is a 1985 graduate of the University of North Dakota School of Medicine and Health Sciences.

2013 Legislative Session

The Board has endorsed two bills in the 2013 legislative session.

Physicians' Health Program

The first, Senate Bill 2135, sponsored by Senators Dever, J. Lee and Axness; and Representatives Porter, Rohr and Hogan, would authorize the board to move the existing Physicians' Health Program from under the direct authority of the board to a separate entity.

This bill was a culmination of over a year of study by the board, which concluded that a free standing physicians' health program, one able to attract additional funding and employ additional staff, could better facilitate the treatment and monitoring of physicians with alcohol or chemical dependencies or mental health diagnoses and do so at an earlier stage of the disease process, thus better protecting the public from impaired physicians.

The current Physicians' Health Program has been operated by the board since the mid-1990's and has successfully facilitated the rehabilitation of many physicians and physician assistants. Currently, there are approximately 30 participants in the program, which consists of a five year program of random screening and monitoring, treatment and support by appropriate professionals, and periodic reporting to a panel of the board.

The intent of the legislation is to allow the Physicians' Health Program to operate separately from the board, with additional funding and staff, while maintaining the current reporting of matters that require discipline by the board.

As of this writing, Senate Bill 2135 has passed the Senate and has been passed to the House for consideration.

Genetic Counselors

The second bill, Senate Bill 2131, sponsored by Senators J. Lee, Berry and Mathern; and Representatives Hofstad, Weisz and Hogan, would authorize the Board to license and regulate genetic counselors.

After studying the issue, the Board felt that genetic counseling will have a growing and integral role in the practice of medicine and it would be appropriate for genetic counselors to be licensed and regulated by the Board.

As of this writing, Senate Bill 2131 has passed the Senate and is before the House.

Administrative Rules

The Board will hold a public hearing at 9:00 o'clock, a.m., on February 28, 2013, at its offices at 418 East Broadway, Suite 12, Bismarck, of four proposed amendments to administrative rules.

Limitation of number of attempts to pass licensing examination

The purpose of this amendment to the Board's rules is to increase the allowed number of attempts to pass each component of a national licensing examination, such as the USMLE, from three, which is the current limit, to four.

Fee for resident's license

The purpose of this amendment is to change the fee structure for postgraduate training licenses from \$25.00 per year of training to a one-time application and license fee of \$100.00 for the duration of the residency training, regardless of length.

Physician Assistant national certification

The purpose of this amendment is to accommodate, within our license requirements, the change in term of national certification of physician assistants from six years to ten.

CME reporting cycle

The purpose of this amendment is to change physicians' three year CME reporting cycle from one based on the alphabet to one based on the physician's birth date. As those whose license expired on December 31, 2012, are aware, the board has changed its annual license term from the calendar year to a term beginning on each physician's birthday.

This requires a conversion process to get everyone reporting CME based on the new annual terms. The conversion will be implemented so that no physician will get less than a full three year cycle to complete the necessary 60 hours of CME, and no physician will lose any CME that would have qualified under the current cycle.

The full text of each rule amendment is available at our website, www.ndbomex.org. Please go to "Current Topics" on the home page.

Prescription Drug Monitoring Program Guidelines

The Board continues to see cases in which the prescribing of controlled substances is at issue. Nationwide and within North Dakota, the abuse and diversion of prescription drugs is a rapidly growing concern. It is considered by the National Institute of Health to be of epidemic proportions.

The Prescription Drug Monitoring Program, run by the Board of Pharmacy, is a most useful tool for prescribers and this Board advocates its use. More information may be obtained about the program by going to the Pharmacy Board's website—www.nodakpharmacy.com— or by calling Kathy at the board, 328-9537.

The Board has passed guidelines advising practitioners how it will consider the use or non-use of the PDMP in prescribing cases. The PDMP is something the Board always looks at when issues of prescribing are raised, and so this is a method of giving practitioners a clear statement of how the board evaluates this particular aspect of prescribing. The Board realizes that the PDMP is a tool, and its ends may be accomplished by other means. The purpose of the guidelines are to indicate when steps must be taken by practitioners to evaluate their prescribing to a patient or patients, and the use of the PDMP is a simple and accepted way of helping make this evaluation.

At its last meeting, the Board approved the following statement with regard to the use of the PDMP guidelines it is now issuing:

“The use or non-use of the PDMP guidelines will be considered by the North Dakota State Board of Medical Examiners as evidence in determining whether a physician has violated any of the provisions of the North Dakota Medical Practice Act, 43-17-31, NDCC.”

This means that the investigative panels and the board will consider the use or non-use of the guidelines as one piece of evidence in disciplinary cases, together with all other evidence, but it would, by itself, not be conclusive.

The guidelines are as follows:

These guidelines address the use of the Prescription Drug Monitoring Program by physicians prescribing those drugs reported by the program, which include any controlled substance, tramadol and carisoprodol.

If a physician prescribing any drug reported by the Prescription Drug Monitoring Program has reason to believe that a patient may be abusing or diverting prescribed medications, the physician shall access the Prescription Drug Monitoring Program and document the assessment of the monitoring results to help determine the proper treatment of the patient.

A. When the physician has knowledge that the patient exhibits any of the following signs of potential abuse or diversion, the physician shall request a report from the Prescription Drug Monitoring Program:

1. Selling prescription drugs;
2. Forging or altering a prescription;
3. Stealing or borrowing reported drugs;
4. Taking more than the prescribed dosage of any reported drug;
5. Having a drug screen that is inconsistent with the prescribed drugs by indicating that the patient is not taking the prescribed drugs, is taking additional or illicit drugs or refusing to take a drug screen;
6. Being arrested, convicted or diverted by the criminal justice system for a drug related offense;
7. Violating any prescribing agreement with the physician;
8. Receiving reported drugs from prescribers not disclosed to the treating physician;
9. Having a family member, law enforcement officer or health care professional express concern about the patient's use of reported drugs.

B. When the patient exhibits any of the following signs of potential abuse or diversion, the physician should consider requesting a PDMP report:

1. Frequently requests early refills of a reported drug for any reason;
2. Appears impaired or excessively sedated to the physician in any patient encounter;
3. Requests reported drugs by street name, color or markings;
4. Has a history of drug abuse or dependency.

C. When a physician expects to prescribe reported drugs to a patient for a chronic condition or for a protracted basis, the physician shall request a PDMP report:

1. Upon determining that such prescribing will be on a protracted basis;
2. At least annually thereafter.

D. A physician shall document the receipt and assessment of PDMP reports made under these guidelines and include them in the patient's medical record.

**NORTH DAKOTA STATE
BOARD OF MEDICAL EXAMINERS**
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Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

Future Board Meetings

All board meetings are open to the public. The meetings are held at the board offices at 418 East Broadway, Suite 12, Bismarck, ND. Commencing at 8:00 o'clock, a.m., the meetings will be held:

March 22, 2013 July 26, 2013 November 22, 2013

Contacting the Board

For all forms, including license application forms and complaint forms, and for all laws governing license eligibility and the operation of the Board of Medical Examiners, please visit our website: www.ndbomex.org.

General inquiries may be directed to:

North Dakota State Board of Medical Examiners
418 East Broadway, Suite 12
Bismarck, ND 58501

Phone: 701/328-6500 Email: lmcdonald@ndbomex.org

New Board Website

The Board has redesigned its website and has moved it to a new url. It is now at www.ndbomex.org.

The new website continues to allow physicians to renew licenses online and soon will allow new applicants to complete the entire application process online, as well. Online applications and renewals for physician assistants will also be offered.

The board now has the capability of emailing each licensed physician or physician assistant to remind them of when their license is scheduled to expire. These notices will be sent to the email address furnished to the board by the license holder. The notices will be sent 59 days and again at two weeks prior to the scheduled expiration of the license.

The website has expanded the information available to the public, posting disciplinary documents online beginning with those entered in 2012, as well as meeting agendas and minutes and board newsletters.